

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Section

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317.01: General Provisions

(1) Scope, Purpose, and Effective Date. 101 CMR 317.00 governs the payment rates used by all governmental units for medical services provided to publicly aided patients. Rates under 101 CMR 317.00 are effective on and after ~~August 1, 2017~~ **March 1, 2018**, unless otherwise indicated. Rates for services provided to individuals covered by the Workers' Compensation Act, M.G.L. c. 152, are not set forth in 101 CMR 317.00, but are at 114.3 CMR 40.00: *Rates For Services Under M.G.L. c. 152, Worker's Compensation Act.*

(2) Coverage.

(a) Payment rates in 101 CMR 317.00 are used to pay for medical services rendered to patients in a private medical office, licensed clinic, hospital or other inpatient or outpatient facility or department, independent diagnostic testing facility, patient's residence, or other appropriate setting by an individual eligible provider, when an eligible provider bills for the medical services rendered and no other payment method applies.

(b) The rates of payment under 101 CMR 317.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. The rates of payment also reimburse all overhead expenses associated with the service provided, without regard to where the care is rendered.

(3) Disclaimer of Authorization of Services. 101 CMR 317.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 317.00. Governmental units that purchase care are responsible for the definition, authorization, coverage policies, and approval of care and services provided to publicly aided patients.

(4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT).

(a) The publication of such updates and corrections will list

1. codes for which the code numbers change, with the corresponding cross references between the new codes and the codes being replaced. Rates for such updated codes are set at the rate of the code that is being replaced;
2. deleted codes for which there are no corresponding new codes; and
3. codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(b) For entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), EOHHS may list these codes and price them according to the rate

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methodology used in setting physician rates. When RVUs are not available, EOHHS may apply Individual Consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. EOHHS may issue administrative bulletins to add, delete, or otherwise update codes or modifiers, and to clarify its policy on and understanding of substantive provisions of 101 CMR 317.00. EOHHS may also issue administrative bulletins to clarify to which duly licensed or certified health care professionals or students the rate methods in this regulation apply, including in the event that the Department of Public Health issues an Order pursuant to M.G.L. c. 94C and 105 CMR 700.003(H).

317.02: General Definitions

Meaning of Terms. The ~~descriptions~~, five-digit procedure codes, and two-digit modifier codes included in 101 CMR 317.00, ~~and their corresponding descriptions~~, utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' ~~20182016~~ *Current Procedural Terminology (CPT)*, copyright ~~20172015~~ by the American Medical Association (AMA), ~~or for the 2017 Level I CPT-4 code additions, the Physicians' 2017 Current Procedural Terminology (CPT), copyright 2016 by the AMA,~~ unless otherwise specified. Level II codes are obtained from ~~2016 HCPCS, or for the 2017 Level II code additions,~~ the ~~20182017~~ HCPCS, maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other health care professionals, as well as associated nonphysician services. No fee schedules, basic unit value, relative value guides, conversion factors, or scales are included in any part of the Physicians' *Current Procedural Terminology*. ~~For code descriptions, see the~~ medicine services code spreadsheet on the EOHHS rates website.

In addition, terms used in 101 CMR 317.00 have the meanings set forth in 101 CMR 317.02.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a psychiatric diagnostic assessment and is a treatment and service decision support tool for children and adolescents younger than 21 years.

CMS. Centers for Medicare ~~and~~ & Medicaid Services.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT). A program of health screening and other medical services for publicly assisted individuals younger than 21 years as required by federal law.

Eligible Provider. The rates established in these regulations apply in accordance with 101 CMR 317.01 to the following types of providers who meet conditions of participation of the governmental unit purchasing such services, and to the extent specified by such governmental unit. Eligible providers must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and certification by national credentialing bodies as required by law.

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A licensed physician (other than an intern, resident, fellow, or house officer), a licensed podiatrist, licensed dentist, licensed chiropractor, and licensed optometrist.

A provider of diagnostic medical services. Such medical diagnostic services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office.

A provider of radiation oncology services. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office.

A clinic licensed by the Massachusetts Department of Public Health in accordance with 105 CMR 140.000: *Licensure of Clinics* to provide medical diagnostic services.

A freestanding birth center facility that is not operating under a hospital's license, and is licensed as a birth center by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000: *The Operation and Maintenance of Birth Centers*.

An advanced practice registered nurse who is authorized by the Board of Registration in Nursing to practice as a certified nurse practitioner, certified nurse midwife, clinical nurse specialist, psychiatric clinical nurse specialist, or a certified registered nurse anesthetist (CRNA).

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant.

A registered nurse providing tobacco cessation services.

A tobacco cessation counselor, who has completed appropriate training in tobacco cessation counseling according to the qualification criteria established by the purchasing governmental unit.

A pharmacist who is registered by the Board of Registration in Pharmacy.

Eligible Provider for Administration of Vaccines. A licensed physician, certified nurse practitioner, certified nurse midwife, clinical nurse specialist, psychiatric clinical nurse specialist, physician assistant, registered pharmacist or other health care professional certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and any home health agency certified as a provider of home health services under the Medicare Health Insurance Program for the Aged (Title XVIII) is eligible to administer vaccines, if it otherwise meets such conditions of participation and coverage set forth by a purchasing governmental unit. Any other providers authorized by the Massachusetts Department of Public Health to possess and administer vaccines are also eligible if they otherwise meet such conditions of participation and coverage set forth by a purchasing governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Facility Setting Fee. Payments for services provided by an individual eligible provider in a hospital (including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center), or skilled nursing facility or freestanding ambulatory surgical center (ASC), will be made according to a facility setting fee when an applicable facility setting fee has been established for that procedure.

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Governmental Unit. The Commonwealth, any department, agency, board, or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration. Medical services that are authorized but not listed in 101 CMR 317.00, medical services performed in unusual circumstances, and services designated "I.C." are individually considered items. The governmental unit or purchaser analyzes the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. The governmental unit or purchaser determines appropriate payment for procedures designated I.C. in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder, or disability;
- (d) any applicable relative-value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures, and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 101 CMR 331.00: *Prescribed Drugs*; and
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters.

Physical Medicine. The physical medicine procedure codes apply only when

- (a) the physician prescribed the needed therapy; and
- (b) the services are provided by the physician or a licensed physical or occupational therapist employed by the physician.

Primary Care Clinician (PCC) Plan. A managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

Publicly Aided Individual (or Publicly Aided Patient). A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Referral. The transfer of the total or specific care from one eligible provider to another.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in 101 CMR 317.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service.

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317.03: General Rate Provisions

(1) Rate Determination. Rates of payment for services for which 101 CMR 317.00 applies are the lowest of

- (a) the eligible provider's usual fee to patients other than publicly aided individuals;
- (b) the eligible provider's actual charge submitted; or
- (c) 1. the schedule of allowable fees set forth in 101 CMR 317.04(4), taking into account appropriate modifiers and any other applicable rate provision(s) in accordance with 101 CMR 317.03 or 317.04(1); or
2. for drugs, vaccines, and immune globulins administered in a physician's office, the fee specified in 101 CMR 317.04(1)(a), taking into account any other applicable rate provision(s) in accordance with 101 CMR 317.04(1).

(2) Supplemental Payment.

(a) Eligibility. An eligible provider who is a physician, certified nurse practitioner, physician assistant, or CRNA is eligible for a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

- 1. the eligible provider is employed by a nonprofit group practice that was established in accordance with St. 1997, c.163 and is affiliated with a Commonwealth-owned medical school;
- 2. such nonprofit group practice must have been established on or before January 1, 2000, in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
- 3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between
1. payments to the eligible provider made pursuant to the rates applicable under 101 CMR 316.03(1), 101 CMR 317.03(1), and 101 CMR 318.03(1); and
2. the federal upper payment limit established by the Centers for Medicare ~~&and~~ Medicaid Services.

(3) Rate Variations Based on Practice Site. Payments for certain services provided by individual eligible providers that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 101 CMR 317.04 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) The sum of the professional and technical components of an individual procedure will not be greater than the allowable global fee set forth in 101 CMR 317.04(4).

(5) Allowable Fee for Certain Eligible Providers. Payment for services provided by eligible providers who are certified nurse practitioners, certified nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists, physician assistants, registered nurses, tobacco cessation counselors, pharmacies that utilize pharmacists or other health care professionals certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and home health agencies as specified in 101 CMR 317.02 is 85% of the fees contained in 101 CMR

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317.04. This rule does not apply to the EPSDT add-on code S0302 described in 101 CMR 317.03(7) or for tobacco cessation services, for medical nutrition therapy (97802, 97803, 97804, G0270, G0271), for diabetes self-management training (G0108, G0109), for the administration of behavioral health screening (96110 and related modifiers), or for the perinatal depression screening (S3005 and related modifiers) services listed in 101 CMR 317.04(4). The rates listed in 101 CMR 317.04(4) for tobacco cessation services performed by certain eligible providers already reflect the appropriate rate and no further rate adjustment applies (see codes 99407, 99407-SA, -TD, -TF, -HQ, -U1, -U2, and -U3).

(6) Behavioral Health Screening Services. Payment for the administration and scoring of standardized behavioral health screening tools is available to certain eligible providers (physicians, certified nurse midwives, certified nurse practitioners, physician assistants, community health centers, hospital outpatient departments, or such eligible providers employed by a physician or community health center **if authorized by the governmental unit**) and is allowed for MassHealth purchase only when accompanied by a modifier. Appropriate code and related modifiers for the standardized behavioral health screening tools are listed in a separate fee table in 101 CMR 317.04(4). For purposes of these modifiers, “Behavioral health need identified” means the provider administering the screening tool, in her or his professional judgment, identifies a child with a potential behavioral health services need.

(7) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Add-on Code. To identify a completed well child office visit including all age appropriate components of the EPSDT schedule, use code S0302 in addition to the appropriate preventive medicine service in 101 CMR 317.04(4). S0302 is always performed in addition to the primary procedure and must never be reported as a stand-alone code.

(8) Services and Payments Covered Under Other Regulations. Rules and reimbursement rates for the Medicine service codes listed in the chart below are contained in other EOHHS regulations.

Regulation Title	Regulation Number	Affected Services
Hearing Services	101 CMR 323.00	Audiologic Codes 92590 to 92595
Vision Care Services and Ophthalmic Materials	101 CMR 315.00	Ophthalmological Service Codes 92002, 92004, 92012, 92014, 92015;Spectacle Service Codes 92340-92342, 92370 and Screening Code 99173

(9) CPT Category III Codes. All medicine related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

(10) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to PCC Plan members enrolled with the PCC on the date of service. The enhanced fee specified in 114.3 CMR 53.03(1): *PCC Plan Enhanced Fee* is added to the rate for the procedure code billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

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(11) Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Younger Than 21 Years. Psychiatrists or psychiatric clinical nurse specialists who complete the CANS for a MassHealth child or adolescent younger than 21 years during a Psychiatric Diagnostic Interview Examination should bill using procedure code 90791 accompanied by modifier HA.

317.04: Maximum Allowable Fees

(1) Drugs, Medications, Supplies, and Laboratory Specimen Collections.

(a) Payment rates for drugs, vaccines, and immune globulins administered in a physician's office are equal to the fee listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File. For drugs, vaccines, and immune globulins administered in a physician's office that are not listed in the Quarterly ASP Medicare Part B Drug Pricing File, codes are listed in 101 CMR 317.04(4) with payment set by I.C., which shall apply until such time as the code is listed in the Quarterly ASP Medicare Part B Drug Pricing File.

(b) Supplies and materials used in preparation for or as part of a procedure (*e.g.*, bandages, laboratory kits, syringes, or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge can be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), *e.g.*, venipuncture, urine, fecal and sputum samples, culturing, swabbing, and scraping for removal of tissues.

(c) Where applicable, payments for drugs, medicines, supplies, and related materials dispensed to patients are in accordance with rates that are the subject matter of other regulations that may be in effect and germane to the item in question (*e.g.*, laboratory, pharmacy, medical supplies, *etc.*). In other instances where the use of another regulation is not appropriate, certain supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code 99070.

(d) Payment for drugs and/ or biologicals may be claimed in addition to an office visit. Drugs that are considered routine and integral to the delivery of a physician's professional services in the course of diagnosis or treatment are not reimbursable. Such drugs are commonly provided without charge or are included in the physician's fee for the service. Drugs and/or biologicals available free of charge from the Massachusetts Department of Public Health are not payable items. When an immunization or injection is the primary purpose of an office or other outpatient visit, the provider may bill only for the injectable material and its administration. Payment for both vaccine administration and an office visit is allowable only when the vaccine administration is a medically necessary, separately identifiable service.

(2) Unless otherwise specified, guidelines, notes, and definitions provided in the ~~20182016~~ CPT Coding Handbook (~~or the 2017 CPT Coding Handbook for 2017 code additions~~) are applicable to the use of the procedure codes ~~and~~, modifiers, ~~and descriptions~~ listed below, as well as their corresponding descriptions. For code descriptions, see the medicine services code spreadsheet on the EOHHS rates website.

(3) Modifiers.

(a) 24: Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During Postoperative Period.

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(b) 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. Modifier 25 is used to facilitate billing of evaluation and management services on the day of a procedure for which separate payment may be made. The physician or other qualified health care professional may indicate that on the day a procedure or service code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed.

(c) 26: Professional Component. The component of a service or procedure representing the physician's or other qualified health care professional's work interpreting or performing the service or procedure. (When the physician or other qualified health care professional component is reported separately, the addition of modifier 26 to the appropriate procedure code will allow payment of the professional component allowable fee (PC Fee) contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable.)

(d) 50: Bilateral Procedures. Payment for bilateral procedures performed at the same operative session must be identified by the appropriate service code and modifier 50. Only one claim line is billed for both procedures. (The addition of modifier 50 to the bilateral code will allow payment of 150% of the allowable fee contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable, to the eligible provider for performance of both bilateral procedures.)

(e) 51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional, or lesser procedure(s) must be identified by adding modifier 51 to the end of the service code for the secondary procedure(s). (The addition of modifier 51 to the second and subsequent procedure codes allows payment of 50% of the allowable fee contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable, to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional.")

(f) 52: Reduced Services. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's or other qualified health care professional's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of modifier 52 signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

(g) 57: Decision for Surgery.

(h) 59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add modifier 59 to the end of the appropriate service code. Modifier 59 is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate, it should be used rather than modifier 59.

(i) GO: Services delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.

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- (j) GP: Services delivered personally by a physical therapist or under an outpatient physical therapy plan of care.
- (k) HA: Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Younger Than 21 Years. This modifier should only be applied to service code 90791 billed by psychiatrists or psychiatric clinical nurse specialists to identify a Psychiatric Diagnostic Interview Examination for a MassHealth child or adolescent younger than 21 years using the CANS.
- (l) LM: Left main coronary artery.
- (m) PA: Surgical or other invasive procedure performed on the wrong body part. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26, and results in nonpayment for services.)
- (n) PB: Surgical or other invasive procedure performed on the wrong patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26, and results in nonpayment for services.)
- (o) PC: Wrong surgical or other invasive procedure performed on a patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26, and results in nonpayment for services.)
- (p) RI: Ramus intermedius coronary artery.
- (q) SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must be practicing as an individual ~~and not practicing as a professional corporation or as a member of a group practice~~). A certified nurse practitioner billing under his/her own individual provider number, or a group practice, should not use this modifier.)
- (r) SL: State supplied vaccine. (This modifier is to be applied to codes 90460 and 90461 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health (DPH) for individuals 18 years old and younger, including those administered under the Vaccine for Children Program (VFC), where counseling is included. It is also to be applied to codes 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by DPH for all individuals, including those administered under VFC to individuals 18 years old and younger.
- (s) TC: Technical component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's or other qualified health care professional's professional component. (When the technical component is reported separately, the addition of modifier TC to the procedure code will allow payment of the technical component allowable fee (TC Fee) contained in 101 CMR 317.04(4), as adjusted by 101 CMR 317.03 as applicable.
- (t) XE: Separate encounter. A service that is distinct because it occurred during a separate encounter.
- (u) XS: Separate structure. A service that is distinct because it was performed on a separate organ/structure.
- (v) XP: Separate practitioner. A service that is distinct because it was performed by a different practitioner.
- (w) XU: Unusual non-overlapping service. The use of a service that is distinct because it does not overlap usual components of the main service.

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(4) Fee Schedule.

- (a) NFAC – “Nonfacility”: These amounts apply when the service is performed in a nonfacility setting.
(b) FAC – “Facility”: These amounts, also known as the Facility Setting Fee, apply when the service is performed in a facility setting
(c) Global Fee – These amounts apply when no site of service differential rate is specified.

Code	NFAC	FAC	Global	PC	TC	Description
90281	—	—	I.C.	—	—	Immune globulin (Ig), human, for intramuscular use
90283	—	—	I.C.	—	—	Immune globulin (IgIV), human, for intravenous use
90284	—	—	I.C.	—	—	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100-mg, each
90287	—	—	I.C.	—	—	Botulinum antitoxin, equine, any route
90288	—	—	I.C.	—	—	Botulism immune globulin, human, for intravenous use
90291	—	—	I.C.	—	—	Cytomegalovirus immune globulin (CMV IgIV), human, for intravenous use
90296	—	—	I.C.	—	—	Diphtheria antitoxin, equine, any route
90378	—	—	I.C.	—	—	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
90384	—	—	I.C.	—	—	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385	—	—	I.C.	—	—	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use

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Code	NEAC	FAC	Global	PC	TC	Description
90386	—	—	I.C.	—	—	Rho(D) immune globulin (RhIgIV), human, for intravenous use
90389	—	—	I.C.	—	—	Tetanus immune globulin (TIg), human, for intramuscular use
90393	—	—	I.C.	—	—	Vaccinia immune globulin, human, for intramuscular use
90396	—	—	I.C.	—	—	Varicella-zoster immune globulin, human, for intramuscular use
90399	—	—	I.C.	—	—	Unlisted immune globulin
90460	—	—	\$19.38	—	—	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90460-SL	—	—	\$16.78	—	—	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component (state-supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children

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Code	NEAC	FAC	Global	PC	TC	Description
						(VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90461	—	—	\$9.33	—	—	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)
90461-SL	—	—	\$8.08	—	—	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure) (state-supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the

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Code	NEAC	FAC	Global	PC	TC	Description
						Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90471	—	—	\$19.38	—	—	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90471-SL	—	—	\$16.78	—	—	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
90472	—	—	\$9.33	—	—	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	—	—	\$19.38	—	—	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)

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Code	NEAC	FAC	Global	PC	TC	Description
90473-SL	—	—	\$16.78	—	—	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
90474	—	—	\$9.33	—	—	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90476	—	—	I.C.	—	—	Adenovirus vaccine, type 4, live, for oral use
90477	—	—	I.C.	—	—	Adenovirus vaccine, type 7, live, for oral use
90581	—	—	I.C.	—	—	Anthrax vaccine, for subcutaneous or intramuscular use
90586	—	—	I.C.	—	—	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90620	—	—	I.C.	—	—	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use
90621	—	—	I.C.	—	—	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use
90625	—	—	I.C.	—	—	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use

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Code	NFAC	FAC	Global	PC	TC	Description
90633	—	—	I.C.	—	—	Hepatitis A vaccine (HepA); pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	—	—	I.C.	—	—	Hepatitis A vaccine (HepA); pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	—	—	I.C.	—	—	Hepatitis A and hepatitis B vaccine (HepA-HepB); adult dosage, for intramuscular use
90644	—	—	I.C.	—	—	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90647	—	—	I.C.	—	—	Haemophilus influenzae type b vaccine (Hib); PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	—	—	I.C.	—	—	Haemophilus influenzae type b vaccine (Hib); PRP-T conjugate, 4 dose schedule, for intramuscular use
90649	—	—	\$137.59	—	—	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use

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Code	NEAC	FAC	Global	PC	TC	Description
90650	—	—	\$134.40	—	—	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3-dose schedule, for intramuscular use
90651	—	—	I.C.	—	—	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3-dose schedule, for intramuscular use
90653	—	—	I.C.	—	—	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90654	—	—	I.C.	—	—	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
90655	—	—	I.C.	—	—	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, when administered to children 6-35 months of age, for intramuscular use
90657	—	—	I.C.	—	—	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6-35 months of age, for intramuscular use
90658	—	—	I.C.	—	—	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3-years-of age and older, for intramuscular use
90660	—	—	I.C.	—	—	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use

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Code	NEAC	FAC	Global	PC	TC	Description
90661	—	—	I.C.	—	—	Influenza virus vaccine (eeIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90664	—	—	I.C.	—	—	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
90666	—	—	I.C.	—	—	Influenza virus vaccine (IV), pandemic formulation, split virus, preservative free, for intramuscular use
90667	—	—	I.C.	—	—	Influenza virus vaccine (IV), pandemic formulation, split virus, adjuvanted, for intramuscular use
90668	—	—	I.C.	—	—	Influenza virus vaccine (IV), pandemic formulation, split virus, for intramuscular use
90676	—	—	I.C.	—	—	Rabies vaccine, for intradermal use
90680	—	—	I.C.	—	—	Rotavirus vaccine, pentavalent (RV5), 3-dose schedule, live, for oral use
90681	—	—	I.C.	—	—	Rotavirus vaccine, human, attenuated (RV1), 2-dose schedule, live, for oral use
90682	—	—	I.C.	—	—	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use

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Code	NEAC	FAC	Global	PC	TC	Description
90685	—	—	I.C.	—	—	Influenza virus vaccine, quadrivalent (HIV4), split virus, preservative-free, when administered to children 6-35 months of age, for intramuscular use
90687	—	—	I.C.	—	—	Influenza virus vaccine, quadrivalent (HIV4), split virus, when administered to children 6-35 months of age, for intramuscular use
90690	—	—	I.C.	—	—	Typhoid vaccine, live, oral
90696	—	—	I.C.	—	—	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV); when administered to children 4 through 6 years of age, for intramuscular use
90697	—	—	I.C.	—	—	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB); for intramuscular use
90698	—	—	I.C.	—	—	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use

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Code	NEAC	FAC	Global	PC	TC	Description
90700	—	—	I.C.	—	—	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702	—	—	I.C.	—	—	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
90707	—	—	I.C.	—	—	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	—	—	I.C.	—	—	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	—	—	I.C.	—	—	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90716	—	—	I.C.	—	—	Varicella virus vaccine (VAR), live, for subcutaneous use
90717	—	—	I.C.	—	—	Yellow fever vaccine, live, for subcutaneous use
90723	—	—	I.C.	—	—	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
90733	—	—	I.C.	—	—	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-

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Code	NEAC	FAC	Global	PC	TC	Description
						135, quadrivalent (MPSV4), for subcutaneous use
90734	—	—	I.C.	—	—	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use
90736	—	—	I.C.	—	—	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
90738	—	—	I.C.	—	—	Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90739	—	—	I.C.	—	—	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
90743	—	—	I.C.	—	—	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	—	—	I.C.	—	—	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90748	—	—	I.C.	—	—	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
90749	—	—	I.C.	—	—	Unlisted vaccine/toxoid
90750	—	—	I.C.	—	—	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection
90785	—	—	\$10.01	—	—	Interactive complexity (List separately in addition to the code for

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Code	NEAC	FAC	Global	PC	TC	Description
						primary procedure)
90791	\$95.09	\$91.72	—	—	—	Psychiatric diagnostic evaluation
90792	\$105.05	\$101.68	—	—	—	Psychiatric diagnostic evaluation with medical services
90832	\$45.92	\$45.64	—	—	—	Psychotherapy, 30 minutes with patient and/or family member
90833	\$47.48	\$46.92	—	—	—	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	\$61.00	\$60.72	—	—	—	Psychotherapy, 45 minutes with patient and/or family member
90836	\$60.28	\$59.72	—	—	—	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	\$91.72	\$90.88	—	—	—	Psychotherapy, 60 minutes with patient and/or family member
90838	\$79.48	\$78.92	—	—	—	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to

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Code	NEAC	FAC	Global	PC	TC	Description
						the code for primary procedure)
90839	\$95.62	\$95.05	—	—	—	Psychotherapy for crisis; first 60 minutes
90840	\$45.64	\$45.36	—	—	—	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90845	\$65.97	\$65.69	—	—	—	Psychoanalysis
90846	\$74.08	\$73.52	—	—	—	Family psychotherapy (without the patient present)
90847	\$76.65	\$76.08	—	—	—	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	\$25.12	\$22.31	—	—	—	Multiple family group psychotherapy
90853	\$18.51	\$18.23	—	—	—	Group psychotherapy (other than of a multiple-family group)
90863	—	—	I.C.	—	—	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90865	\$123.27	\$93.52	—	—	—	Narcosis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)

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Code	NEAC	FAC	Global	PC	TC	Description
90867	—	—	I.C.	—	—	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	—	—	I.C.	—	—	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	—	—	I.C.	—	—	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
90870	\$132.93	\$80.17	—	—	—	Electroconvulsive therapy (includes necessary monitoring)
90875	—	—	\$44.73	—	—	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient); with psychotherapy (eg, insight-oriented, behavior modifying or supportive psychotherapy); 30 minutes
90876	\$79.27	\$70.85	—	—	—	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient); with psychotherapy (eg,

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Code	NEAC	FAC	Global	PC	TC	Description
						insight-oriented, behavior modifying or supportive psychotherapy); 45 minutes
90880	\$73.60	\$67.71	—	—	—	Hypnotherapy
90882	—	—	I.C.	—	—	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885	—	—	\$36.16	—	—	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	\$65.12	\$55.30	—	—	—	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	—	—	I.C.	—	—	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
90899	—	—	I.C.	—	—	Unlisted psychiatric service or procedure

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Code	NEAC	FAC	Global	PC	TC	Description
90901	\$28.77	\$14.46	—	—	—	Biofeedback training by any modality
90911	\$63.57	\$32.42	—	—	—	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
90935	—	—	\$52.89	—	—	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937	—	—	\$75.82	—	—	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90940	—	—	I.C.	—	—	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90945	—	—	\$63.24	—	—	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
90947	—	—	\$90.44	—	—	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other

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Code	NEAC	FAC	Global	PC	TC	Description
						qualified health care professional, with or without substantial revision of dialysis prescription
90951	—	—	\$685.48	—	—	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90952	—	—	I.C.	—	—	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90953	—	—	I.C.	—	—	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of

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Code	NEAC	FAC	Global	PC	TC	Description
						nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90954	—	—	\$594.55	—	—	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90955	—	—	\$334.21	—	—	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90956	—	—	\$233.58	—	—	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and

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Code	NEAC	FAC	Global	PC	TC	Description
						development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90957	—	—	\$471.06	—	—	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition; assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90958	—	—	\$319.13	—	—	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition; assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90959	—	—	\$217.38	—	—	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition; assessment of growth and development, and counseling of parents;

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Code	NEAC	FAC	Global	PC	TC	Description
						with 1 face-to-face visit by a physician or other qualified health care professional per month
90960	—	—	\$208.60	—	—	End-stage renal disease (ESRD)-related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90961	—	—	\$175.56	—	—	End-stage renal disease (ESRD)-related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90962	—	—	\$135.94	—	—	End-stage renal disease (ESRD)-related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
90963	—	—	\$397.52	—	—	End-stage renal disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents

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Code	NEAC	FAC	Global	PC	TC	Description
90964	—	—	\$347.72	—	—	End-stage renal disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965	—	—	\$331.09	—	—	End-stage renal disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	—	—	\$175.12	—	—	End-stage renal disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older
90967	—	—	\$13.20	—	—	End-stage renal disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	—	—	\$11.36	—	—	End-stage renal disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	—	—	\$11.10	—	—	End-stage renal disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12-19

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Code	NEAC	FAC	Global	PC	TC	Description
						years of age
90970	—	—	\$5.71	—	—	End-stage renal disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
90989	—	—	I.C.	—	—	Dialysis training, patient, including helper where applicable, any mode, completed course
90993	—	—	I.C.	—	—	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
90997	—	—	\$68.19	—	—	Hemoperfusion (eg, with activated charcoal or resin)
90999	—	—	I.C.	—	—	Unlisted dialysis procedure, inpatient or outpatient
91010	—	—	\$135.21	\$49.46	\$85.75	Esophagus motility study
91013	—	—	\$17.67	\$7.01	\$10.66	Esophgl motil w/stim/perfus
91020	—	—	\$180.56	\$55.64	\$124.91	Gastric motility studies
91022	—	—	\$128.05	\$55.49	\$72.56	Duodenal motility study
91030	—	—	\$104.90	\$34.87	\$70.03	Acid perfusion of esophagus
91034	—	—	\$146.76	\$37.71	\$109.04	Gastroesophageal reflux test
91035	—	—	\$374.45	\$61.67	\$312.78	G-esoph-reflx tst w/electrod
91037	—	—	\$123.71	\$37.40	\$86.31	Esoph-imped function test
91038	—	—	\$351.71	\$42.29	\$309.42	Esoph-imped funct test > 1hr
91040	—	—	\$340.90	\$37.09	\$303.80	Esoph-balloon distension tst

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Code	NEAC	FAC	Global	PC	TC	Description
91065	—	—	\$61.00	\$7.52	\$53.48	Breath hydrogen/methane test
91110	—	—	\$686.88	\$140.60	\$546.27	Gi tract capsule endoscopy
91111	—	—	\$569.57	\$38.73	\$530.84	Esophageal capsule endoscopy
91112	—	—	\$847.88	\$81.02	\$766.86	Gi wireless capsule measure
91117	—	—	\$102.27	—	—	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed); with interpretation and report
91120	—	—	\$332.82	\$36.87	\$295.95	Rectal sensation test
91122	—	—	\$173.66	\$66.15	\$107.51	Anal pressure record
91132	—	—	\$120.08	\$20.30	\$99.78	Electrogastrography
91133	—	—	\$133.99	\$25.51	\$108.48	Electrogastrography w/test
91200	—	—	\$24.06	\$9.60	\$14.47	Liver elastography
91299	—	—	I.C.	—	—	Gastroenterology procedure
92018	—	—	\$107.95	—	—	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
92019	—	—	\$53.13	—	—	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	\$20.01	\$15.52	—	—	—	Gonioscopy (separate procedure)
92025	—	—	\$28.92	\$15.01	\$13.91	Corneal topography
92060	—	—	\$49.41	\$28.49	\$20.92	Special eye evaluation
92065	—	—	\$40.94	\$13.28	\$27.66	Orthoptic/pleoptic training
92071	\$28.28	\$24.91	—	—	—	Fitting of contact lens for treatment of ocular surface disease
92072	\$101.21	\$76.23	—	—	—	Fitting of contact lens for management of keratoconus, initial fitting
92081	—	—	\$25.67	\$12.05	\$13.63	Visual field examination(s)
92082	—	—	\$36.65	\$16.01	\$20.64	Visual field examination(s)
92083	—	—	\$49.32	\$20.82	\$28.50	Visual field examination(s)
92100	\$61.40	\$25.19	—	—	—	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92132	—	—	\$26.39	\$14.17	\$12.22	Cmptr ophth dx img ant segmt

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Code	NFAC	FAC	Global	PC	TC	Description
92133	—	—	\$33.32	\$20.82	\$12.50	Cmptr ophth img-optic nerve
92134	—	—	\$34.16	\$21.38	\$12.78	Cptr ophth dx img-post segmt
92136	—	—	\$69.71	\$23.25	\$46.46	Ophthalmic biometry
92145	—	—	\$11.40	\$6.19	\$5.21	Corneal hysteresis deter
92225	\$20.27	\$15.78	—	—	—	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226	\$18.71	\$14.22	—	—	—	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92227	—	—	\$11.38	—	—	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	—	—	\$26.06	\$15.52	\$10.54	Remote retinal imaging mgmt.
92230	\$44.18	\$24.81	—	—	—	Fluorescein angiography with interpretation and report
92235	—	—	\$84.48	\$35.21	\$49.27	Eye exam with photos
92240	—	—	\$198.70	\$47.84	\$150.86	Icg angiography
92242	—	—	\$177.80	\$41.78	\$136.02	Fluorescein angiography and indocyanine green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

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101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description
92250	—	—	\$60.97	\$17.88	\$43.09	Eye exam with photos
92260	\$13.98	\$8.08	—	—	—	Ophthalmodynamometry
92265	—	—	\$60.09	\$31.87	\$28.22	Eye muscle evaluation
92270	—	—	\$69.91	\$30.47	\$39.44	Electro-oculography
92275	—	—	\$114.45	\$40.33	\$74.12	Electroretinography
92283	—	—	\$43.11	\$6.75	\$36.36	Color vision examination
92284	—	—	\$47.71	\$9.11	\$38.60	Dark adaptation eye exam
92285	—	—	\$15.90	\$2.28	\$13.63	Eye photography
92286	—	—	\$29.08	\$16.57	\$12.50	Internal eye photography
92287	—	—	\$105.96	\$34.93	\$71.03	Internal eye photography
92310	\$72.02	\$43.68	—	—	—	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	\$76.83	\$41.19	—	—	—	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	\$88.45	\$46.92	—	—	—	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	\$73.98	\$34.97	—	—	—	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens

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Code	NFAC	FAC	Global	PC	TC	Description
92314	\$60.67	\$25.59	—	—	—	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	\$56.18	\$16.04	—	—	—	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	\$70.48	\$24.18	—	—	—	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	\$58.70	\$16.32	—	—	—	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal scleral lens
92325	—	—	\$32.99	—	—	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	—	—	\$27.66	—	—	Replacement of contact lens

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Code	NFAC	FAC	Global	PC	TC	Description
92352	\$30.83	\$13.71	—	—	—	Fitting of spectacle prosthesis for aphakia; monofocal
92353	\$35.72	\$18.60	—	—	—	Fitting of spectacle prosthesis for aphakia; multifocal
92354	—	—	\$10.54	—	—	Fitting of spectacle mounted low vision aid; single element system
92355	—	—	\$16.43	—	—	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358	—	—	\$8.86	—	—	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92371	—	—	\$9.14	—	—	Repair and refitting spectacles; spectacle prosthesis for aphakia
92499	—	—	I.C.	—	—	Eye service or procedure
92502	—	—	\$72.65	—	—	Otolaryngologic examination under general anesthesia
92504	\$23.29	\$7.01	—	—	—	Binocular microscopy (separate diagnostic procedure)
92507	—	—	\$58.76	—	—	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	—	—	\$17.59	—	—	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92511	\$87.24	\$29.43	—	—	—	Nasopharyngoscopy with endoscope (separate procedure)

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Code	NFAC	FAC	Global	PC	TC	Description
92512	\$46.42	\$21.16	—	—	—	Nasal function studies (eg, rhinomanometry)
92516	\$54.42	\$17.09	—	—	—	Facial nerve function studies (eg, electroneuronography)
92520	\$57.46	\$30.52	—	—	—	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92521	—	—	\$82.54	—	—	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	—	—	\$68.69	—	—	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523	—	—	\$144.51	—	—	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	—	—	\$66.44	—	—	Behavioral and qualitative analysis of voice and resonance
92526	—	—	\$64.28	—	—	Treatment of swallowing dysfunction and/or oral function for feeding
92531	—	—	I.C.	—	—	Spontaneous nystagmus, including gaze
92532	—	—	I.C.	—	—	Positional nystagmus test
92533	—	—	I.C.	—	—	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)
92534	—	—	I.C.	—	—	Optokinetic nystagmus test

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Code	NEAC	FAC	Global	PC	TC	Description
92537	—	—	\$30.14	\$23.53	\$6.61	Caloric vestibular test w/rec
92538	—	—	\$15.29	\$11.77	\$3.52	Caloric vestibular test w/rec
92540	—	—	\$76.11	\$58.83	\$17.27	Basic vestibular evaluation
92541	—	—	\$17.85	\$15.45	\$2.40	Spontaneous nystagmus test
92542	—	—	\$20.62	\$18.50	\$2.12	Positional nystagmus test
92544	—	—	\$12.28	\$10.44	\$1.84	Optokinetic nystagmus test
92545	—	—	\$11.20	\$9.64	\$1.56	Oscillating tracking test
92546	—	—	\$80.58	\$10.95	\$69.63	Sinusoidal rotational test
92547	—	—	\$4.77	-	-	Use of vertical electrodes (List separately in addition to code for primary procedure)
92548	—	—	\$79.50	\$19.29	\$60.21	Posturography
92550	—	—	\$15.73	—	—	Tympanometry and reflex threshold measurements
92551	—	—	\$9.42	—	—	Screening test, pure tone, air only
92552	—	—	\$24.57	—	—	Pure tone audiometry (threshold); air only
92553	—	—	\$29.34	—	—	Pure tone audiometry (threshold); air and bone
92555	—	—	\$18.40	—	—	Speech audiometry threshold;
92556	—	—	\$29.34	—	—	Speech audiometry threshold; with speech recognition
92557	\$27.90	\$24.25	—	—	—	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92558	—	—	I.C.	—	—	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions); automated analysis

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Code	NEAC	FAC	Global	PC	TC	Description
92559	—	—	I.C.	—	—	Audiometric testing of groups
92560	—	—	I.C.	—	—	Bekesy audiometry; screening
92561	—	—	\$29.78	—	—	Bekesy audiometry; diagnostic
92562	—	—	\$36.64	—	—	Loudness balance test; alternate binaural or monaural
92563	—	—	\$24.29	—	—	Tone decay test
92564	—	—	\$22.05	—	—	Short increment sensitivity index (SISI)
92565	—	—	\$12.50	—	—	Stenger test, pure tone
92567	\$10.89	\$8.08	—	—	—	Tympanometry (impedance testing)
92568	\$11.67	\$11.39	—	—	—	Acoustic reflex testing; threshold
92570	\$23.81	\$22.13	—	—	—	Acoustic immittance testing; includes tympanometry (impedance testing); acoustic reflex threshold testing; and acoustic reflex decay testing
92571	—	—	\$21.48	—	—	Filtered speech test
92572	—	—	\$28.22	—	—	Staggered spondaic word test
92575	—	—	\$57.00	—	—	Sensorineural acuity level test
92576	—	—	\$28.22	—	—	Synthetic sentence identification test
92577	—	—	\$13.06	—	—	Stenger test, speech
92579	\$31.05	\$27.40	—	—	—	Visual reinforcement audiometry (VRA)
92582	—	—	\$53.35	—	—	Conditioning play audiometry
92583	—	—	\$41.41	—	—	Select picture audiometry
92584	—	—	\$57.84	—	—	Electrocochleography
92585	—	—	\$105.76	\$19.85	\$85.90	Auditor evoke potent compre

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Code	NEAC	FAC	Global	PC	TC	Description
92586	—	—	\$67.38	—	—	Auditory-evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587	—	—	\$16.01	\$13.61	\$2.40	Evoked auditory test limited
92588	—	—	\$24.50	\$21.54	\$2.96	Evoked auditory test complete
92596	—	—	\$33.15	—	—	Ear protector attenuation measurements
92597	—	—	\$53.28	—	—	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601	\$104.85	\$88.02	—	—	—	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	\$66.93	\$50.94	—	—	—	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	\$113.34	\$90.60	—	—	—	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	\$67.31	\$50.19	—	—	—	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605	\$68.26	\$65.17	—	—	—	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face to face with the patient; first hour

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Code	NEAC	FAC	Global	PC	TC	Description
92606	\$61.51	\$52.25	—	—	—	Therapeutic service(s) for the use of non-speech-generating device; including programming and modification
92607	—	—	\$94.64	—	—	Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; first hour
92608	—	—	\$39.72	—	—	Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609	—	—	\$83.25	—	—	Therapeutic services for the use of speech-generating device; including programming and modification
92610	\$63.69	\$53.87	—	—	—	Evaluation of oral and pharyngeal swallowing function
92611	—	—	\$64.62	—	—	Motion-fluoroscopic evaluation of swallowing function by cine or video recording
92612	\$143.78	\$50.32	—	—	—	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;

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Code	NEAC	FAC	Global	PC	TC	Description
92613	—	—	\$28.09	—	—	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92614	\$111.78	\$50.04	—	—	—	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	\$24.89	\$24.61	—	—	—	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
92616	\$159.46	\$74.70	—	—	—	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	—	—	\$30.83	—	—	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
92618	\$24.84	\$24.28	—	—	—	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face to face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
92620	\$70.22	\$61.23	—	—	—	Evaluation of central auditory function, with report; initial 60 minutes
92621	\$16.70	\$14.17	—	—	—	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
92625	\$52.12	\$46.22	—	—	—	Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626	\$66.94	\$56.55	—	—	—	Evaluation of auditory rehabilitation status; first hour
92627	\$16.74	\$13.38	—	—	—	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92630	—	—	I.C.	—	—	Auditory rehabilitation; prelingual hearing loss
92633	—	—	I.C.	—	—	Auditory rehabilitation; postlingual hearing loss
92640	\$84.61	\$71.14	—	—	—	Diagnostic analysis with programming of auditory brainstem implant, per hour
92700	—	—	I.C.	—	—	Unlisted otorhinolaryngological service or procedure
92920	—	—	\$391.51	—	—	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	—	—	I.C.	—	—	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in

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Code	NEAC	FAC	Global	PC	TC	Description
						addition to code for primary procedure)
92924	—	—	\$464.99	—	—	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92925	—	—	I.C.	—	—	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92928	—	—	\$434.51	—	—	Percutaneous transeatheter placement of intracoronary stent(s); with coronary angioplasty when performed; single major coronary artery or branch
92929	—	—	I.C.	—	—	Percutaneous transeatheter placement of intracoronary stent(s); with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
92933	—	—	\$486.02	—	—	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92934	—	—	I.C.	—	—	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92937	—	—	\$434.26	—	—	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
92938	—	—	I.C.	—	—	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when

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Code	NEAC	FAC	Global	PC	TC	Description
						performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)
92941	—	—	\$486.97	—	—	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
92943	—	—	\$486.81	—	—	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
92944	—	—	I.C.	—	—	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary

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Code	NEAC	FAC	Global	PC	TC	Description
						artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
92950	\$227.30	\$135.25	—	—	—	Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953	—	—	\$8.17	—	—	Temporary transectaneous pacing
92960	\$156.21	\$90.26	—	—	—	Cardioversion, elective; electrical conversion of arrhythmia; external
92961	—	—	\$188.05	—	—	Cardioversion, elective; electrical conversion of arrhythmia; internal (separate procedure)
92970	—	—	\$135.94	—	—	Cardioassist method of circulatory assist; internal
92971	—	—	\$72.74	—	—	Cardioassist method of circulatory assist; external
92973	—	—	\$127.08	—	—	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
92974	—	—	\$116.02	—	—	Transecthater placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary

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Code	NEAC	FAC	Global	PC	TC	Description
						procedure)
92975	—	—	\$280.08	—	—	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	—	—	\$47.48	—	—	Thrombolysis, coronary; by intravenous infusion
92978	—	—	—	\$69.09	—	Intravascular heart add-on
92979	—	—	—	\$55.13	—	Intravascular heart add-on
92986	—	—	\$964.35	—	—	Percutaneous balloon valvuloplasty; aortic valve
92987	—	—	\$995.39	—	—	Percutaneous balloon valvuloplasty; mitral valve
92990	—	—	\$786.04	—	—	Percutaneous balloon valvuloplasty; pulmonary valve
92992	—	—	I.C.	—	—	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)
92993	—	—	I.C.	—	—	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)
92997	—	—	\$470.15	—	—	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998	—	—	\$231.90	—	—	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to

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Code	NEAC	FAC	Global	PC	TC	Description
						code for primary procedure)
93000	—	—	\$12.80	—	—	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	—	—	\$6.61	—	—	Electrocardiogram, routine ECG with at least 12 leads; tracing only; without interpretation and report
93010	—	—	\$6.19	—	—	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93015	—	—	\$57.99	—	—	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision; interpretation and report
93016	—	—	\$16.32	—	—	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report

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Code	NEAC	FAC	Global	PC	TC	Description
93017	—	—	\$31.03	—	—	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93018	—	—	\$10.64	—	—	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024	—	—	\$85.06	\$42.09	\$42.97	Cardiac drug stress test
93025	—	—	\$123.94	\$26.97	\$96.98	Microvolt t-wave assess
93040	—	—	\$9.48	—	—	Rhythm ECG, 1-3 leads; with interpretation and report
93041	—	—	\$4.36	—	—	Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93042	—	—	\$5.12	—	—	Rhythm ECG, 1-3 leads; interpretation and report only
93050	—	—	\$13.08	\$6.19	\$6.89	Art pressure waveform analysis
93224	—	—	\$70.35	—	—	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and

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Code	NEAC	FAC	Global	PC	TC	Description
						interpretation by a physician or other qualified health care professional
93225	—	—	\$20.92	—	—	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226	—	—	\$29.90	—	—	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report
93227	—	—	\$19.52	—	—	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
93228	—	—	\$19.11	—	—	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient

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Code	NEAC	FAC	Global	PC	TC	Description
						selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
93229	—	—	\$574.55	—	—	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
93260	—	—	\$50.45	\$33.18	\$17.27	Prgrmg dev eval impltbl sys
93261	—	—	\$45.80	\$28.52	\$17.27	Interrogate subq defib
93268	—	—	\$160.71	—	—	External patient and, when performed, auto activated

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Code	NEAC	FAC	Global	PC	TC	Description
						electrocardiographic rhythm-derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270	—	—	\$7.17	—	—	External patient and, when performed, auto activated electrocardiographic rhythm-derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	—	—	\$134.86	—	—	External patient and, when performed, auto activated electrocardiographic rhythm-derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93272	—	—	\$18.68	—	—	External patient and, when performed, auto activated

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Code	NEAC	FAC	Global	PC	TC	Description
						electrocardiographic rhythm-derived event recording with symptom-related memory loop with remote download capability up to 30 days; 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
93278	—	—	\$22.99	\$9.08	\$13.91	Ecg/signal-averaged
93279	—	—	\$37.32	\$23.69	\$13.63	Pm device progr eval sngl
93280	—	—	\$43.63	\$28.32	\$15.31	Pm device progr eval dual
93281	—	—	\$51.17	\$33.06	\$18.12	Pm device progr eval multi
93282	—	—	\$47.08	\$31.21	\$15.87	Prgrmg eval implantable dfb
93283	—	—	\$61.10	\$42.42	\$18.68	Prgrmg eval implantable dfb
93284	—	—	\$67.46	\$46.26	\$21.20	Prgrmg eval implantable dfb
93285	—	—	\$31.74	\$19.24	\$12.50	Ilr device eval progr
93286	—	—	\$20.62	\$11.21	\$9.42	Peri-px pacemaker device evl
93287	—	—	\$27.14	\$16.89	\$10.26	Peri-px device eval & prgr
93288	—	—	\$27.75	\$15.53	\$12.22	Pm device eval in person
93289	—	—	\$48.88	\$33.57	\$15.31	Interrog device eval heart
93290	—	—	\$23.26	\$15.81	\$7.45	Icm device eval
93291	—	—	\$27.19	\$15.81	\$11.38	Ilr device interrogate
93292	—	—	\$24.39	\$15.81	\$8.57	Wed device interrogate
93293	—	—	\$41.06	\$11.44	\$29.62	Pm phone r-strip device eval
93294	—	—	\$24.84	—	—	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with

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Code	NEAC	FAC	Global	PC	TC	Description
						interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93295	—	—	\$49.31	—	—	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	—	—	\$20.36	—	—	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	—	—	\$19.40	—	—	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional

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Code	NEAC	FAC	Global	PC	TC	Description
93298	—	—	\$19.40	—	—	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system; including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
93299	—	—	I.C.	—	—	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system; remote data acquisition(s), receipt of transmissions and technician review; technical support and distribution of results
93303	—	—	\$184.80	\$46.98	\$137.82	Echo transthoracic
93304	—	—	\$121.14	\$26.97	\$94.17	Echo transthoracic
93306	—	—	\$176.38	\$46.70	\$129.68	Tte w/doppler complete
93307	—	—	\$100.51	\$33.29	\$67.23	Tte w/o doppler complete
93308	—	—	\$97.11	\$18.93	\$78.17	Tte f-up or lmtd
93312	—	—	\$234.58	\$89.03	\$145.56	Echo transesophageal
93313	—	—	\$16.21	—	—	Echocardiography; transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	—	—	\$229.91	\$75.38	\$154.54	Echo transesophageal
93315	—	—	—	\$103.97	—	Echo transesophageal

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Code	NEAC	FAC	Global	PC	TC	Description
93316	—	—	\$27.63	—	—	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	—	—	—	\$76.55	—	Echo transesophageal
93318	—	—	—	\$84.87	—	Echo transesophageal intraop
93320	—	—	\$41.88	\$13.53	\$28.34	Doppler echo-exam heart
93321	—	—	\$21.12	\$5.40	\$15.72	Doppler echo-exam heart
93325	—	—	\$20.03	\$2.35	\$17.68	Doppler color flow add-on
93350	—	—	\$186.37	\$52.48	\$133.89	Stress tte only
93351	—	—	\$209.26	\$62.59	\$146.68	Stress tte complete
93352	—	—	\$26.22	—	—	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)
93355	—	—	\$165.00	—	—	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri and intra-procedural), real time image acquisition and documentation, guidance with quantitative measurements, probe

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Code	NEAC	FAC	Global	PC	TC	Description
						manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D
93451	—	—	\$609.73	\$103.83	\$505.89	Right heart cath
93452	—	—	\$679.00	\$181.65	\$497.35	Left hrt cath w/ventriculography
93453	—	—	\$874.85	\$239.55	\$635.30	R&L hrt cath w/ventriculography
93454	—	—	\$688.81	\$183.60	\$505.21	Coronary artery angio s&i
93455	—	—	\$801.99	\$212.16	\$589.83	Coronary art/grft angio s&i
93456	—	—	\$862.41	\$235.54	\$626.88	R hrt coronary artery angio
93457	—	—	\$975.06	\$263.99	\$711.07	R hrt art/grft angio
93458	—	—	\$825.89	\$224.27	\$601.62	L hrt artery/ventricle angio
93459	—	—	\$911.97	\$252.82	\$659.15	L hrt art/grft angio
93460	—	—	\$977.01	\$281.66	\$695.35	R&L hrt art/ventricle angio
93461	—	—	\$1,118.69	\$310.65	\$808.04	R&L hrt art/ventricle angio
93462	—	—	\$150.42	—	—	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
93463	—	—	\$72.32	—	—	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)
93464	—	—	\$212.23	\$64.30	\$147.93	Exercise w/hemodynamic meas
93503	—	—	\$93.56	—	—	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505	—	—	\$585.58	\$167.24	\$418.33	Biopsy of heart lining
93530	—	—	—	\$159.64	—	Rt heart cath congenital
93531	—	—	—	\$313.01	—	R & L heart cath congenital
93532	—	—	—	\$382.85	—	R & L heart cath congenital
93533	—	—	—	\$255.59	—	R & L heart cath congenital
93561	—	—	—	\$18.63	—	Cardiac output measurement
93562	—	—	—	\$5.94	—	Card output measure subseq
93563	—	—	\$42.35	—	—	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during

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Code	NEAC	FAC	Global	PC	TC	Description
						congenital heart catheterization (List separately in addition to code for primary procedure)
93564	—	—	\$43.92	—	—	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)
93565	—	—	\$33.08	—	—	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
93566	\$131.90	\$33.11	—	—	—	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
93567	\$107.40	\$37.52	—	—	—	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)
93568	\$117.82	\$33.91	—	—	—	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
93571	—	—	—	\$68.81	—	Heart flow reserve measure
93572	—	—	—	\$55.13	—	Heart flow reserve measure
93580	—	—	\$703.41	—	—	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

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Code	NEAC	FAC	Global	PC	TC	Description
93581	—	—	\$955.18	—	—	Percutaneous transeatheter closure of a congenital ventricular septal defect with implant
93582	—	—	\$479.84	—	—	Percutaneous transeatheter closure of patent ductus arteriosus
93583	—	—	\$542.61	—	—	Percutaneous transeatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
93590	—	—	\$889.13	—	—	Percutaneous transeatheter closure of paravalvular leak; initial occlusion device, mitral valve
93591	—	—	\$738.06	—	—	Percutaneous transeatheter closure of paravalvular leak; initial occlusion device, aortic valve
93592	—	—	\$324.84	—	—	Percutaneous transeatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
93600	—	—	—	\$85.39	—	Bundle of his recording
93602	—	—	—	\$83.55	—	Intra-atrial recording
93603	—	—	—	\$83.55	—	Right ventricular recording
93609	—	—	—	\$199.89	—	Map tachycardia add-on
93610	—	—	—	\$118.65	—	Intra-atrial pacing
93612	—	—	—	\$117.66	—	Intraventricular pacing
93613	—	—	\$286.12	—	—	Intracardiac electrophysiologic 3-dimensional mapping

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Code	NEAC	FAC	Global	PC	TC	Description
						(List separately in addition to code for primary procedure)
93615	—	—	—	\$38.88	—	Esophageal recording
93616	—	—	—	\$46.82	—	Esophageal recording
93618	—	—	—	\$170.75	—	Heart rhythm pacing
93619	—	—	—	\$291.30	—	Electrophysiology evaluation
93620	—	—	—	\$462.30	—	Electrophysiology evaluation
93621	—	—	—	\$84.31	—	Electrophysiology evaluation
93622	—	—	—	\$123.13	—	Electrophysiology evaluation
93623	—	—	—	\$114.55	—	Stimulation pacing heart
93624	—	—	—	\$188.94	—	Electrophysiologic study
93631	—	—	—	\$285.15	—	Heart pacing mapping
93640	—	—	—	\$138.40	—	Evaluation heart device
93641	—	—	—	\$235.63	—	Electrophysiology evaluation
93642	—	—	\$315.68	\$195.51	\$120.17	Electrophysiology evaluation
93644	—	—	\$211.56	\$128.46	\$83.10	Electrophysiology evaluation
93650	—	—	\$434.92	—	—	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement

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Code	NEAC	FAC	Global	PC	TC	Description
93653	—	—	\$610.51	—	—	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway; accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

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Code	NEAC	FAC	Global	PC	TC	Description
93654	—	—	\$813.13	—	—	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
93655	—	—	\$305.25	—	—	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary

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Code	NEAC	FAC	Global	PC	TC	Description
						procedure)
93656	—	—	\$813.65	—	—	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation
93657	—	—	\$305.13	—	—	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
93660	—	—	\$119.40	\$69.41	\$49.98	Tilt table evaluation
93662	—	—	-	\$105.53	—	Intracardiac eeg (ice)
93668	—	—	\$15.03	—	—	Peripheral arterial disease (PAD) rehabilitation, per session
93701	—	—	\$18.96	—	—	Bioimpedance-derived physiologic cardiovascular analysis

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Code	NEAC	FAC	Global	PC	TC	Description
93702	—	—	\$85.47	—	—	Bioimpedance spectroscopy (BIS); extracellular fluid analysis for lymphedema assessment(s)
93724	—	—	\$200.61	\$178.56	\$22.05	Analyze pacemaker system
93740	—	—	\$5.94	—	—	Temperature gradient studies
93745	—	—	I.C.	—	—	Set up cardiovert-defibrill
93750	\$40.83	\$33.53	—	—	—	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report
93770	—	—	\$5.94	—	—	Determination of venous pressure
93784	—	—	\$41.35	—	—	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786	—	—	\$23.45	—	—	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only

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Code	NEAC	FAC	Global	PC	TC	Description
93788	—	—	\$4.08	—	—	Ambulatory blood pressure monitoring; utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790	—	—	\$13.82	—	—	Ambulatory blood pressure monitoring; utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report
93797	\$12.34	\$6.45	—	—	—	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	\$18.99	\$10.29	—	—	—	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799	—	—	I.C.	—	—	Cardiovascular procedure
93880	—	—	\$149.01	\$29.15	\$119.86	Extracranial bilat study
93882	—	—	\$101.04	\$18.10	\$82.94	Extracranial uni/ltd study
93886	—	—	\$154.48	\$34.77	\$119.71	Intracranial complete study
93888	—	—	\$116.01	\$18.76	\$97.26	Intracranial limited study
93890	—	—	\$158.03	\$38.05	\$119.99	Ted vasoreactivity study
93892	—	—	\$116.63	\$44.63	\$72.00	Ted emboli detect w/o inj
93893	—	—	\$115.88	\$43.88	\$72.00	Ted emboli detect w/inj
93895	—	—	I.C.	—	—	Carotid intima atheroma eval
93922	—	—	\$69.89	\$9.11	\$60.77	Upr/4 xtremity art 2 levels

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Code	NEAC	FAC	Global	PC	TC	Description
93923	—	—	\$108.59	\$16.23	\$92.36	Upr/lxtr art stdy 3+ lvls
93924	—	—	\$136.53	\$18.07	\$118.46	Lwr xtr vase stdy bilat
93925	—	—	\$148.42	\$28.72	\$119.71	Lower extremity study
93926	—	—	\$120.25	\$17.51	\$102.74	Lower extremity study
93930	—	—	\$148.89	\$29.03	\$119.86	Upper extremity study
93931	—	—	\$101.30	\$18.07	\$83.22	Upper extremity study
93970	—	—	\$145.17	\$25.31	\$119.86	Extremity study
93971	—	—	\$94.53	\$16.35	\$78.17	Extremity study
93975	—	—	\$161.91	\$42.20	\$119.71	Vascular study
93976	—	—	\$127.50	\$29.40	\$98.10	Vascular study
93978	—	—	\$148.76	\$28.90	\$119.86	Vascular study
93979	—	—	\$93.87	\$17.95	\$75.93	Vascular study
93980	—	—	\$92.16	\$45.14	\$47.02	Penile vascular study
93981	—	—	\$56.54	\$15.97	\$40.57	Penile vascular study
						Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report
93982	—	—	\$33.00	—	—	
93990	—	—	\$89.41	\$17.70	\$71.72	Doppler flow testing
93998	—	—	I.C.	—	—	Unlisted noninvasive vascular diagnostic study
						Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94002	—	—	\$67.20	—	—	
						Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing;
94003	—	—	\$48.58	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
						hospital inpatient/observation, each subsequent day
94004	—	—	\$35.68	—	—	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94005	—	—	\$68.72	—	—	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status; review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate); within a calendar month; 30 minutes or more
94010	—	—	\$27.96	\$6.19	\$21.76	Breathing capacity test
94011	—	—	\$75.13	—	—	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012	—	—	\$115.27	—	—	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013	—	—	\$24.50	—	—	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in

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Code	NEAC	FAC	Global	PC	TC	Description
						an infant or child through 2-years of age
94014	—	—	\$42.97	—	—	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health-care professional
94015	—	—	\$24.29	—	—	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94016	—	—	\$18.68	—	—	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health-care professional
94060	—	—	\$47.36	\$9.60	\$37.76	Evaluation of wheezing
94070	—	—	\$45.45	\$21.16	\$24.29	Evaluation of wheezing
94150	—	—	\$19.50	\$2.79	\$16.71	Vital capacity test
94200	—	—	\$19.40	\$4.09	\$15.31	Lung function test (mbc/mvv)
94250	—	—	\$20.25	\$3.81	\$16.43	Expired-gas collection
94375	—	—	\$30.14	\$10.90	\$19.24	Respiratory flow-volume loop

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Code	NEAC	FAC	Global	PC	TC	Description
94400	—	—	\$42.98	\$14.48	\$28.50	Co2-breathing-response curve
94450	—	—	\$52.81	\$14.76	\$38.04	Hypoxia-response curve
94452	—	—	\$44.73	\$10.62	\$34.11	Hast-w/report
94453	—	—	\$62.07	\$13.92	\$48.14	Hast-w/oxygen-titrate
94610	—	—	\$43.70	—	—	Intrapulmonary-surfactant administration-by-a physician-or-other qualified-health-care professional-through endotracheal-tube
94620	—	—	\$42.55	\$22.47	\$20.08	Pulmonary-stress test/simple
94621	—	—	\$125.17	\$50.77	\$74.40	Pulm-stress-test/complex
94640	—	—	\$14.47	—	—	Pressurized-or nonpressurized-inhalation treatment-for-acute airway-obstruction-for therapeutic-purposes and/or-for-diagnostic purposes-such-as-sputum induction-with-an-aerosol generator, nebulizer, metered-dose-inhaler-or intermittent-positive pressure-breathing (IPPB)-device
94642	—	—	I.C.	—	—	Aerosol-inhalation-of pentamidine-for pneumocystis-carinii pneumonia-treatment-or prophylaxis
94644	—	—	\$34.67	—	—	Continuous-inhalation treatment-with-aerosol medication-for-acute airway-obstruction; first hour
94645	—	—	\$11.10	—	—	Continuous-inhalation treatment-with-aerosol medication-for-acute airway-obstruction; each

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Code	NEAC	FAC	Global	PC	TC	Description
						additional hour (List separately in addition to code for primary procedure)
94660	\$47.62	\$27.69	—	—	—	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	—	—	\$27.00	—	—	Continuous negative pressure ventilation (CNP), initiation and management
94664	—	—	\$13.63	—	—	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	—	—	\$20.52	—	—	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	—	—	\$22.76	—	—	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94669	—	—	\$25.85	—	—	Mechanical chest wall oscillation to facilitate lung function, per session
94680	—	—	\$44.57	\$9.34	\$35.23	Exhaled air analysis o2
94681	—	—	\$41.07	\$7.24	\$33.83	Exhaled air analysis o2/co2
94690	—	—	\$39.15	\$2.79	\$36.36	Exhaled air analysis
94726	—	—	\$40.93	\$9.06	\$31.87	Pulm funct tst plethysmograph
94727	—	—	\$32.51	\$9.06	\$23.45	Pulm function test by gas
94728	—	—	\$31.10	\$9.34	\$21.76	Pulm funct test

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Code	NEAC	FAC	Global	PC	TC	Description
						oscillometry
94729	—	—	\$42.50	\$6.70	\$35.80	Co/membrane-diffuse capacity
94750	—	—	\$63.17	\$8.29	\$54.88	Pulmonary compliance study
94760	—	—	\$2.40	—	—	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	—	—	\$3.80	—	—	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	—	—	\$19.24	—	—	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94770	—	—	\$5.40	—	—	Carbon dioxide, expired gas determination by infrared analyzer
94772	—	—	I.C.	—	—	Breath recording infant
94774	—	—	I.C.	—	—	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional
94775	—	—	I.C.	—	—	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day

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Code	NEAC	FAC	Global	PC	TC	Description
						period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)
94776	—	—	I.C.	—	—	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only
94777	—	—	I.C.	—	—	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional
94780	\$42.94	\$16.56	—	—	—	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes

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Code	NEAC	FAC	Global	PC	TC	Description
94781	\$17.70	\$6.19	—	—	—	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)
94799	—	—	I.C.	—	—	Pulmonary service/procedure
95004	—	—	\$5.18	—	—	Percutaneous tests (scratch, puncture, prick) with allergenic extracts; immediate type reaction, including test interpretation and report; specify number of tests
95012	—	—	\$15.03	—	—	Nitric oxide-expired gas determination
95017	\$5.88	\$2.51	—	—	—	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report; specify number of tests
95018	\$15.81	\$5.14	—	—	—	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals;

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Code	NEAC	FAC	Global	PC	TC	Description
						immediate type reaction, including test interpretation and report, specify number of tests
95024	\$6.02	\$0.69	—	—	—	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95027	—	—	\$3.50	—	—	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
95028	—	—	\$10.54	—	—	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	—	—	\$4.36	—	—	Patch or application test(s) (specify number of tests)
95052	—	—	\$5.21	—	—	Photo patch test(s) (specify number of tests)
95056	—	—	\$34.83	—	—	Photo tests
95060	—	—	\$27.66	—	—	Ophthalmic mucous membrane tests
95065	—	—	\$20.08	—	—	Direct nasal mucous membrane test
95070	—	—	\$23.88	—	—	Inhalation bronchial challenge testing (not including necessary pulmonary function

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Code	NEAC	FAC	Global	PC	TC	Description
						tests); with histamine, methacholine, or similar compounds
95071	—	—	\$27.53	—	—	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases; specify
95076	\$87.90	\$53.94	—	—	—	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
95079	\$61.65	\$49.31	—	—	—	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)
95115	—	—	\$6.89	—	—	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	—	—	\$8.01	—	—	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95120	—	—	L.C.	—	—	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic

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Code	NEAC	FAC	Global	PC	TC	Description
						extract; single injection
95125	—	—	I.C.	—	—	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
95130	—	—	I.C.	—	—	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
95131	—	—	I.C.	—	—	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
95132	—	—	I.C.	—	—	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms

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Code	NEAC	FAC	Global	PC	TC	Description
95133	—	—	I.C.	—	—	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
95134	—	—	I.C.	—	—	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
95144	\$9.55	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	\$16.85	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	\$30.60	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms

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Code	NEAC	FAC	Global	PC	TC	Description
95147	\$27.51	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	\$40.98	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149	\$55.29	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	\$9.83	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	\$7.30	\$2.25	—	—	—	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	\$100.14	\$74.61	—	—	—	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine

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Code	NEAC	FAC	Global	PC	TC	Description
						serum)
95199	—	—	I.C.	—	—	Unlisted allergy/clinical immunologic service or procedure
95250	—	—	\$124.66	—	—	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251	—	—	\$31.81	—	—	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report
95782	—	—	\$804.95	\$93.14	\$711.81	Polysom <6 yrs 4/> paramtrs
95783	—	—	\$843.93	\$103.34	\$740.59	Polysom <6 yrs epap/bilvl
95800	—	—	\$138.24	\$38.17	\$100.06	Slp stdy unattended
95801	—	—	\$68.64	\$36.21	\$32.43	Slp stdy unatnd w/anal
95803	—	—	\$109.42	\$32.09	\$77.33	Actigraphy testing
95805	—	—	\$334.84	\$43.57	\$291.27	Multiple sleep latency test
95806	—	—	\$129.76	\$44.85	\$84.91	Sleep study unatt&resp efft
95807	—	—	\$374.93	\$45.78	\$329.15	Sleep study attended
95808	—	—	\$494.38	\$64.89	\$429.49	Polysom any age 1-3> param
95810	—	—	\$486.12	\$89.58	\$396.53	Polysom 6/> yrs 4/> param
95811	—	—	\$510.88	\$93.14	\$417.74	Polysom 6/> yrs epap 4/> parm
95812	—	—	\$272.93	\$42.62	\$230.31	Eeg 41-60 minutes
95813	—	—	\$329.61	\$68.15	\$261.46	Eeg over 1 hour

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Code	NEAC	FAC	Global	PC	TC	Description
95816	—	—	\$283.59	\$42.62	\$240.97	Eeg awake and drowsy
95819	—	—	\$324.72	\$42.62	\$282.10	Eeg awake and asleep
95822	—	—	\$292.29	\$42.62	\$249.67	Eeg coma or sleep only
95824	—	—	—	\$29.11	—	Eeg cerebral death only
95827	—	—	\$548.92	\$42.34	\$506.57	Eeg all night recording
95829	—	—	\$1,471.90	\$247.39	\$1,224.51	Surgery electrocorticogram
95830	\$189.12	\$67.60	—	—	—	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	\$23.07	\$11.00	—	—	—	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	\$22.08	\$11.42	—	—	—	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	\$28.06	\$15.71	—	—	—	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	\$38.72	\$23.00	—	—	—	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	\$14.08	\$5.66	—	—	—	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	\$12.51	\$4.38	—	—	—	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal

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Code	NEAC	FAC	Global	PC	TC	Description
						side
95857	\$41.14	\$21.77	—	—	—	Cholinesterase inhibitor challenge test for myasthenia gravis
95860	—	—	\$93.84	\$38.40	\$55.44	Muscle test one limb
95861	—	—	\$131.08	\$61.32	\$69.75	Muscle test 2 limbs
95863	—	—	\$163.10	\$73.98	\$89.12	Muscle test 3 limbs
95864	—	—	\$184.07	\$79.80	\$104.27	Muscle test 4 limbs
95865	—	—	\$109.14	\$62.40	\$46.74	Muscle test larynx
95866	—	—	\$102.26	\$49.91	\$52.35	Muscle test hemidiaphragm
95867	—	—	\$72.36	\$30.96	\$41.41	Muscle test cran nerv unilat
95868	—	—	\$101.34	\$46.74	\$54.60	Muscle test cran nerve bilat
95869	—	—	\$72.52	\$14.84	\$57.69	Muscle test thor paraspinal
95870	—	—	\$72.52	\$14.56	\$57.97	Muscle test nonparaspinal
95872	—	—	\$146.55	\$113.56	\$32.99	Muscle test one fiber
95873	—	—	\$57.34	\$14.96	\$42.38	Guide nerv destr elec stim
95874	—	—	\$56.93	\$14.84	\$42.10	Guide nerv destr needle emg
95875	—	—	\$95.36	\$43.57	\$51.79	Limb exercise test
95885	—	—	\$45.48	\$14.04	\$31.43	Musc tst done w/nerv tst lim
95886	—	—	\$69.79	\$34.43	\$35.36	Musc test done w/n test comp
95887	—	—	\$62.02	\$28.06	\$33.96	Musc tst done w/n tst nonext
95905	—	—	\$55.19	\$2.00	\$53.20	Motor &/sens nrve endj test
95907	—	—	\$72.57	\$39.58	\$32.99	Nrv endj tst 1-2 studies
95908	—	—	\$90.07	\$49.50	\$40.57	Nrv endj tst 3-4 studies
95909	—	—	\$109.81	\$59.43	\$50.39	Nrv endj tst 5-6 studies
95910	—	—	\$146.38	\$79.43	\$66.95	Nrv endj test 7-8 studies
95911	—	—	\$176.61	\$99.28	\$77.33	Nrv endj test 9-10 studies
95912	—	—	\$196.90	\$117.60	\$79.29	Nrv endj test 11-12 studies
95913	—	—	\$224.90	\$139.15	\$85.75	Nrv endj test 13/> studies

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Code	NEAC	FAC	Global	PC	TC	Description
95921	—	—	\$65.64	\$33.49	\$32.15	Autonomic nrv parasym inervj
95922	—	—	\$77.00	\$35.87	\$41.13	Autonomic nrv adrenrg inervj
95923	—	—	\$127.13	\$34.08	\$93.05	Autonomic nrv syst funj test
95924	—	—	\$112.40	\$65.66	\$46.74	Ans parasymp & symp w/tilt
95925	—	—	\$121.53	\$20.75	\$100.78	Somatosensory testing
95926	—	—	\$107.22	\$20.19	\$87.03	Somatosensory testing
95927	—	—	\$110.74	\$20.19	\$90.55	Somatosensory testing
95928	—	—	\$173.39	\$59.30	\$114.09	C-motor-evoked uppr limbs
95929	—	—	\$174.55	\$59.61	\$114.94	C-motor-evoked lwr limbs
95930	—	—	\$101.48	\$13.89	\$87.59	Visual-evoked potential test
95933	—	—	\$57.55	\$23.15	\$34.39	Blink-reflex test
95937	—	—	\$62.45	\$25.53	\$36.92	Neuromuscular junction test
95938	—	—	\$267.98	\$34.03	\$233.96	Somatosensory testing
95939	—	—	\$389.85	\$88.67	\$301.18	C-motor-evoked upr&lwr limbs
95940	—	—	\$24.00	—	—	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
95941	—	—	I.C.	—	—	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in

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Code	NEAC	FAC	Global	PC	TC	Description
						addition to code for primary procedure)
95943	—	—	I.C.	—	—	Parasymp&symp hrt rate test
95950	—	—	\$257.59	\$59.28	\$198.32	Ambulatory eeg monitoring
95951	—	—	—	\$236.54	—	Eeg monitoring/videorecord
95953	—	—	\$324.89	\$121.24	\$203.65	Eeg monitoring/computer
95954	—	—	\$349.54	\$91.98	\$257.56	Eeg monitoring/giving drugs
95955	—	—	\$168.39	\$39.99	\$128.41	Eeg during surgery
95956	—	—	\$1,289.81	\$141.58	\$1,148.23	Eeg monitor technol attended
95957	—	—	\$243.56	\$77.67	\$165.89	Eeg digital analysis
95958	—	—	\$439.71	\$166.56	\$273.15	Eeg monitoring/function test
95961	—	—	\$222.72	\$118.73	\$103.99	Electrode stimulation brain
95962	—	—	\$197.35	\$127.87	\$69.47	Electrode stim brain add-on
95965	—	—	—	\$310.76	—	Meg spontaneous
95966	—	—	—	\$157.51	—	Meg evoked single
95967	—	—	—	\$137.23	—	Meg evoked each addl
95970	\$52.28	\$17.48	—	-	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance

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Code	NEAC	FAC	Global	PC	TC	Description
						measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
95971	\$37.06	\$29.76	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95972	\$43.34	\$30.43	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance

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Code	NEAC	FAC	Global	PC	TC	Description
						measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95974	\$154.30	\$119.78	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

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Code	NEAC	FAC	Global	PC	TC	Description
95975	\$82.91	\$68.04	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95978	\$185.31	\$140.97	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements); complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour

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Code	NEAC	FAC	Global	PC	TC	Description
95979	\$80.25	\$65.66	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95980	—	—	\$32.95	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming

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Code	NEAC	FAC	Global	PC	TC	Description
95981	\$24.02	\$13.07	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
95982	\$39.09	\$26.46	—	—	—	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming
95990	—	—	\$72.31	—	—	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); includes electronic analysis of pump, when performed;

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Code	NEAC	FAC	Global	PC	TC	Description
95991	\$93.62	\$29.07	—	—	—	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional
95992	\$31.90	\$27.41	—	—	—	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day
95999	—	—	I.C.	—	—	Unlisted neurological or neuromuscular diagnostic procedure
96000	—	—	\$69.85	—	—	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;
96001	—	—	\$77.28	—	—	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
96002	—	—	\$16.02	—	—	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003	—	—	\$12.72	—	—	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle

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Code	NEAC	FAC	Global	PC	TC	Description
96004	—	—	\$85.91	—	—	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
96020	—	—	—	\$120.07	—	Functional brain mapping
96040	—	—	\$36.67	—	—	Medical genetics and genetic counseling services, each 30 minutes face to face with patient/family
96101	\$57.70	\$57.42	—	—	—	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report

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Code	NEAC	FAC	Global	PC	TC	Description
96102	\$48.63	\$16.92	—	—	—	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	\$20.14	\$19.58	—	—	—	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report
96105	—	—	\$79.73	—	—	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

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Code	NEAC	FAC	Global	PC	TC	Description
96110	—	—	\$9.73	—	—	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
96111	\$94.42	\$89.37	—	—	—	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	\$67.71	\$63.22	—	—	—	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	\$72.01	\$56.86	—	—	—	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time

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Code	NEAC	FAC	Global	PC	TC	Description
						administering tests to the patient and time interpreting these test results and preparing the report
96119	\$61.82	\$17.20	—	—	—	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	\$36.41	\$19.01	—	—	—	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96125	—	—	\$87.84	—	—	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

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Code	NEAC	FAC	Global	PC	TC	Description
96127	—	—	\$9.73	—	—	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
96150	\$15.64	\$15.36	—	—	—	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	\$14.85	\$14.57	—	—	—	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	\$14.34	\$14.06	—	—	—	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	—	—	\$3.28	—	—	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

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Code	NEAC	FAC	Global	PC	TC	Description
96154	\$14.08	\$13.80	—	—	—	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	—	—	\$16.50	—	—	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
96160	—	—	\$3.66	—	—	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96161	—	—	\$3.66	—	—	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
96360	—	—	\$44.39	—	—	Intravenous infusion; hydration; initial, 31 minutes to 1 hour
96361	—	—	\$11.72	—	—	Intravenous infusion; hydration; each additional hour (List separately in addition to code for primary procedure)
96365	—	—	\$53.71	—	—	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

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Code	NEAC	FAC	Global	PC	TC	Description
96366	—	—	\$14.31	—	—	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	—	—	\$23.42	—	—	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	—	—	\$15.73	—	—	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	—	—	\$151.21	—	—	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	—	—	\$11.22	—	—	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
96371	—	—	\$57.53	—	—	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	—	—	\$19.38	—	—	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	—	—	\$14.89	—	—	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	—	—	\$43.96	—	—	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	—	—	\$17.31	—	—	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global	PC	TC	Description
96376	—	—	I.C.	—	—	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96377	—	—	I.C.	—	—	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
96379	—	—	I.C.	—	—	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	—	—	\$57.79	—	—	Chemotherapy administration; subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	—	—	\$24.82	—	—	Chemotherapy administration; subcutaneous or intramuscular; hormonal anti-neoplastic
96405	\$63.17	\$22.20	—	—	—	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	\$89.74	\$34.45	—	—	—	Chemotherapy administration; intralesional, more than 7 lesions
96409	—	—	\$86.09	—	—	Chemotherapy administration; intravenous, push

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Code	NEAC	FAC	Global	PC	TC	Description
						technique, single or initial substance/drug
96411	—	—	\$48.12	—	—	Chemotherapy administration; intravenous, push technique; each additional substance/drug (List separately in addition to code for primary procedure)
96413	—	—	\$105.23	—	—	Chemotherapy administration; intravenous infusion technique; up to 1 hour; single or initial substance/drug
96415	—	—	\$21.73	—	—	Chemotherapy administration; intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	—	—	\$109.61	—	—	Chemotherapy administration; intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	—	—	\$48.38	—	—	Chemotherapy administration; intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
96420	—	—	\$82.05	—	—	Chemotherapy administration, intra-arterial; push technique
96422	—	—	\$132.47	—	—	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	—	—	\$60.98	—	—	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	—	—	\$141.48	—	—	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	\$657.33	\$99.70	—	—	—	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	\$154.55	\$18.72	—	—	—	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	\$138.99	\$59.29	—	—	—	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521	—	—	\$107.78	—	—	Refilling and maintenance of portable pump

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Code	NEAC	FAC	Global	PC	TC	Description
96522	—	—	\$88.01	—	—	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	—	—	\$19.42	—	—	Irrigation of implanted venous access device for drug delivery systems
96542	\$93.38	\$31.08	—	—	—	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	—	—	I.C.	—	—	Unlisted chemotherapy procedure
96567	—	—	\$106.67	—	—	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s); each phototherapy exposure session
96570	—	—	\$41.10	—	—	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)

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Code	NEAC	FAC	Global	PC	TC	Description
96571	—	—	\$19.63	—	—	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
96900	—	—	\$16.15	—	—	Actinotherapy (ultraviolet light)
96902	\$15.86	\$15.30	—	—	—	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96904	—	—	\$49.42	—	—	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96910	—	—	\$56.28	—	—	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	—	—	\$72.00	—	—	Photochemotherapy; psoralens and ultraviolet A (PUVA)

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Code	NEAC	FAC	Global	PC	TC	Description
96913	—	—	\$103.18	—	—	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	\$119.62	\$49.75	—	—	—	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250-sq cm
96921	\$131.60	\$56.39	—	—	—	Laser treatment for inflammatory skin disease (psoriasis); 250-sq cm to 500-sq cm
96922	\$181.49	\$90.85	—	—	—	Laser treatment for inflammatory skin disease (psoriasis); over 500-sq cm
96931	—	—	I.C.	—	—	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	—	—	I.C.	—	—	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	—	—	I.C.	—	—	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion

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Code	NEAC	FAC	Global	PC	TC	Description
96934	—	—	I.C.	—	—	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
96935	—	—	I.C.	—	—	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
96936	—	—	I.C.	—	—	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
96999	—	—	I.C.	—	—	Unlisted special dermatological service or procedure
97010	—	—	\$4.50	—	—	Application of a modality to 1 or more areas; hot or cold packs
97012	—	—	\$11.89	—	—	Application of a modality to 1 or more areas; traction, mechanical
97014	—	—	\$12.06	—	—	Application of a modality to 1 or more areas; electrical stimulation (unattended)

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Code	NEAC	FAC	Global	PC	TC	Description
97016	—	—	\$14.59	—	—	Application of a modality to 1 or more areas; vasopneumatic devices
97018	—	—	\$8.43	—	—	Application of a modality to 1 or more areas; paraffin bath
97022	—	—	\$17.98	—	—	Application of a modality to 1 or more areas; whirlpool
97024	—	—	\$4.78	—	—	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	—	—	\$4.50	—	—	Application of a modality to 1 or more areas; infrared
97028	—	—	\$5.57	—	—	Application of a modality to 1 or more areas; ultraviolet
97032	—	—	\$14.42	—	—	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	—	—	\$20.00	—	—	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	—	—	\$13.67	—	—	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	—	—	\$9.46	—	—	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	—	—	\$25.29	—	—	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	—	—	I.C.	—	—	Unlisted modality

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Code	NEAC	FAC	Global	PC	TC	Description
						(specify type and time if constant attendance)
97110	—	—	\$24.18	—	—	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance; range of motion and flexibility
97112	—	—	\$25.31	—	—	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement; balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	—	—	\$32.75	—	—	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	—	—	\$21.34	—	—	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	—	—	\$19.78	—	—	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	—	—	I.C.	—	—	Unlisted therapeutic procedure (specify)
97140	—	—	\$22.39	—	—	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15

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Code	NEAC	FAC	Global	PC	TC	Description
						minutes
97150	—	—	\$12.91	—	—	Therapeutic procedure(s), group (2 or more individuals)
						Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions; activity limitations; and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision-making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97161	—	—	\$60.61	—	—	
97162	—	—	\$60.61	—	—	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or

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Code	NEAC	FAC	Global	PC	TC	Description
						comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions; activity limitations; and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	—	—	\$60.61	—	—	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body

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Code	NEAC	FAC	Global	PC	TC	Description
						structures and functions; activity limitations; and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face to face with the patient and/or family.
						Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face to face with the patient and/or family.
97164	—	—	\$41.35	—	—	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including

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Code	NEAC	FAC	Global	PC	TC	Description
						review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	—	—	\$58.64	—	—	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy

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Code	NEAC	FAC	Global	PC	TC	Description
						<p>history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.</p>
97167	—	—	\$58.64	—	—	Occupational therapy evaluation, high

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Code	NEAC	FAC	Global	PC	TC	Description
						complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are

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Code	NEAC	FAC	Global	PC	TC	Description
						spent face-to-face with the patient and/or family.
						Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are
97168	—	—	\$38.88	—	—	spent face-to-face with the patient and/or family.
						Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body
97169	—	—	I.C.	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
						structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
						Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient
97170	—	—	I.C.	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
						and/or family.
97171	—	—	I.C.	—	—	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97172	—	—	I.C.	—	—	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status

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Code	NEAC	FAC	Global	PC	TC	Description
						when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97530	—	—	\$26.30	—	—	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97532	—	—	\$19.84	—	—	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
97533	—	—	\$21.81	—	—	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

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Code	NEAC	FAC	Global	PC	TC	Description
97535	—	—	\$26.43	—	—	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97537	—	—	\$22.50	—	—	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97542	—	—	\$23.06	—	—	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97545	—	—	I.C.	—	—	Work hardening/conditioning; initial 2 hours
97546	—	—	I.C.	—	—	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
97597	\$57.99	\$17.02	—	—	—	Debridement (eg, high pressure waterjet with/without suction; sharp selective debridement with scissors, scalpel and forceps), open wound; (eg, fibrin, devitalized epidermis and/or dermis; exudate, debris, biofilm); including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
97598	\$18.65	\$7.99	—	—	—	Debridement (eg, high pressure waterjet with/without suction; sharp selective debridement with scissors, scalpel and forceps), open wound; (eg, fibrin, devitalized epidermis and/or dermis; exudate, debris, biofilm); including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
97602	—	—	I.C.	—	—	Removal of devitalized tissue from wound(s); non-selective debridement, without anesthesia (eg, wet to-moist dressings, enzymatic, abrasion); including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	\$30.95	\$18.32	—	—	—	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	\$36.72	\$19.89	—	—	—	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

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Code	NEAC	FAC	Global	PC	TC	Description
97607	—	—	I.C.	—	—	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97608	—	—	I.C.	—	—	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97610	\$93.59	\$11.64	—	—	—	Low frequency, non-contact, non-thermal ultrasound, including topical application(s); when performed, wound assessment, and instruction(s) for ongoing care, per day

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Code	NEAC	FAC	Global	PC	TC	Description
97750	—	—	\$24.74	—	—	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	—	—	\$26.57	—	—	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97760	—	—	\$28.67	—	—	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	—	—	\$24.74	—	—	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	—	—	\$36.87	—	—	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97799	—	—	I.C.	—	—	Unlisted physical medicine/rehabilitation service or procedure
97802	\$25.95	\$24.27	—	—	—	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

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Code	NEAC	FAC	Global	PC	TC	Description
97803	\$22.50	\$20.53	—	—	—	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	\$11.89	\$11.33	—	—	—	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810	\$26.93	\$22.44	—	—	—	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	\$20.01	\$18.60	—	—	—	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	\$28.77	\$24.28	—	—	—	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	\$22.69	\$20.44	—	—	—	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
98925	\$23.47	\$17.30	—	—	—	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	\$33.96	\$26.38	—	—	—	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	\$43.88	\$34.62	—	—	—	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	\$53.81	\$43.71	—	—	—	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	\$64.29	\$52.51	—	—	—	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	\$21.07	\$16.58	—	—	—	Chiropractic manipulative treatment (CMT); spinal; 1-2 regions
98941	\$30.28	\$25.51	—	—	—	Chiropractic manipulative treatment (CMT); spinal; 3-4 regions
98942	\$39.36	\$34.31	—	—	—	Chiropractic manipulative treatment (CMT); spinal; 5 regions
98943	\$20.10	\$17.30	—	—	—	Chiropractic manipulative treatment (CMT); extraspinal; 1 or more regions
98960	—	—	\$21.92	—	—	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; individual patient

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Code	NEAC	FAC	Global	PC	TC	Description
98961	—	—	\$10.54	—	—	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	—	—	\$7.73	—	—	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
98966	\$10.21	\$9.36	—	—	—	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

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Code	NEAC	FAC	Global	PC	TC	Description
98967	\$19.73	\$18.60	—	—	—	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	\$28.81	\$27.97	—	—	—	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

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Code	NEAC	FAC	Global	PC	TC	Description
98969	—	—	I.C.	—	—	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
99000	—	—	I.C.	—	—	Handling and/or conveyance of specimen for transfer from the office to a laboratory
99001	—	—	I.C.	—	—	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)
99002	—	—	I.C.	—	—	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care

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Code	NEAC	FAC	Global	PC	TC	Description
						professional
99024	—	—	I.C.	—	—	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
99026	—	—	I.C.	—	—	Hospital mandated on-call service; in hospital, each hour
99027	—	—	I.C.	—	—	Hospital mandated on-call service; out of hospital, each hour
99050	—	—	I.C.	—	—	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051	—	—	I.C.	—	—	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053	—	—	I.C.	—	—	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056	—	—	I.C.	—	—	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service

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Code	NEAC	FAC	Global	PC	TC	Description
99058	—	—	I.C.	—	—	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99060	—	—	I.C.	—	—	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99070	—	—	I.C.	—	—	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99071	—	—	I.C.	—	—	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional
99075	—	—	I.C.	—	—	Medical testimony
99078	—	—	I.C.	—	—	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)

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Code	NEAC	FAC	Global	PC	TC	Description
99080	—	—	I.C.	—	—	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082	—	—	I.C.	—	—	Unusual travel (eg, transportation and escort of patient)
99090	—	—	I.C.	—	—	Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)
99091	—	—	\$41.04	—	—	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time
99100	—	—	I.C.	—	—	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)
99116	—	—	I.C.	—	—	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary

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Code	NEAC	FAC	Global	PC	TC	Description
						anesthesia procedure)
99135	—	—	I.C.	—	—	Anesthesia-complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
99140	—	—	I.C.	—	—	Anesthesia-complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)
99151	\$59.85	\$17.30	—	—	—	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age
99152	\$40.10	\$9.11	—	—	—	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or

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Code	NEAC	FAC	Global	PC	TC	Description
						therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	—	—	\$8.66	—	—	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
99155	—	—	\$68.27	—	—	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports;

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Code	NEAC	FAC	Global	PC	TC	Description
						initial 15 minutes of intraservice time, patient younger than 5 years of age
99156	—	—	\$55.49	—	—	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
99157	—	—	\$42.10	—	—	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
99170	\$131.84	\$65.33	—	—	—	Anogenital examination, magnified, in childhood for suspected trauma; including image recording when performed

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Code	NEAC	FAC	Global	PC	TC	Description
99172	—	—	I.C.	—	—	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)
99174	—	—	I.C.	—	—	Instrument-based ocular screening (eg, photoscreening, automated refraction), bilateral; with remote analysis and report
99175	—	—	\$13.35	—	—	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99177	—	—	I.C.	—	—	Instrument-based ocular screening (eg, photoscreening, automated refraction), bilateral; with on-site analysis
99183	—	—	\$79.53	—	—	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session

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Code	NEAC	FAC	Global	PC	TC	Description
99184	—	—	\$167.70	—	—	Initiation of selective head or total body hypothermia in the critically ill neonate; includes appropriate patient selection by review of clinical, imaging and laboratory data; confirmation of esophageal temperature probe location; evaluation of amplitude EEG; supervision of controlled hypothermia; and assessment of patient tolerance of cooling
99188	—	—	I.C.	—	—	Application of topical fluoride varnish by a physician or other qualified health care professional
99190	—	—	I.C.	—	—	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
99191	—	—	I.C.	—	—	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes
99192	—	—	I.C.	—	—	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes
99195	—	—	\$78.39	—	—	Phlebotomy, therapeutic (separate procedure)
99199	—	—	I.C.	—	—	Unlisted special service,

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						procedure or report
						Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision-making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face to face with the patient and/or family.
99201	\$32.71	\$19.24	—	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
99202	\$55.65	\$36.57	—	—	—	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	\$79.95	\$55.53	—	—	—	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	\$121.49	\$94.27	—	—	—	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision-making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

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Code	NEAC	FAC	Global	PC	TC	Description
99205	\$151.92	\$122.45	—	—	—	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision-making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	\$15.15	\$6.73	—	—	—	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99212	\$32.56	\$18.25	—	—	—	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face to face with the patient and/or family.
99213	\$54.27	\$37.15	—	—	—	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care

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Code	NEAC	FAC	Global	PC	TC	Description
						professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
						Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99214	\$79.82	\$57.09	—	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
99215	\$107.16	\$80.78	—	—	—	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
99217	—	—	\$53.26	—	—	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same

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Code	NEAC	FAC	Global	PC	TC	Description
						date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
99218	—	—	\$72.27	—	—	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the

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Code	NEAC	FAC	Global	PC	TC	Description
						patient's hospital floor or unit.
99219	—	—	\$98.57	—	—	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate

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Code	NEAC	FAC	Global	PC	TC	Description
						severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
						Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision-making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the
99220	—	—	\$134.75	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
						bedside and on the patient's hospital floor or unit.
99221	—	—	\$73.17	—	—	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision-making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30

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Code	NEAC	FAC	Global	PC	TC	Description
						minutes are spent at the bedside and on the patient's hospital floor or unit.
99222	—	—	\$99.29	—	—	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital

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Code	NEAC	FAC	Global	PC	TC	Description
						floor or unit.
						Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
99223	—	—	\$147.13	—	—	

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99224	—	—	\$28.81	—	—	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99225	—	—	\$52.99	—	—	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99226	—	—	\$76.53	—	—	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99231	—	—	\$28.53	—	—	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99232	—	—	\$52.43	—	—	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Code	NEAC	FAC	Global	PC	TC	Description
99233	—	—	\$75.56	—	—	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99234	—	—	\$97.01	—	—	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99235	—	—	\$122.75	—	—	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Code	NEAC	FAC	Global	PC	TC	Description
99236	—	—	\$158.09	—	—	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
99238	—	—	\$53.11	—	—	Hospital discharge day management; 30 minutes or less
99239	—	—	\$78.58	—	—	Hospital discharge day management; more than 30 minutes

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Code	NEAC	FAC	Global	PC	TC	Description
99241	\$35.53	\$23.75	—	—	—	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99242	\$66.43	\$49.87	—	—	—	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the

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Code	NEAC	FAC	Global	PC	TC	Description
						<p>patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>
99243	\$90.83	\$69.78	—	—	—	<p>Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</p>

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Code	NEAC	FAC	Global	PC	TC	Description
99244	\$135.14	\$112.13	—	—	—	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99245	\$164.51	\$138.69	—	—	—	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the

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Code	NEAC	FAC	Global	PC	TC	Description
						patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.
						Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.
99251	—	—	\$35.52	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
99252	—	—	\$54.40	—	—	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
99253	—	—	\$83.72	—	—	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the

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Code	NEAC	FAC	Global	PC	TC	Description
						patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
99254	—	—	\$121.72	—	—	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision-making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Code	NEAC	FAC	Global	PC	TC	Description
99255	—	—	\$146.57	—	—	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.
99281	—	—	\$15.23	—	—	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent

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Code	NEAC	FAC	Global	PC	TC	Description
						with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
99282	—	—	\$29.67	—	—	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

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Code	NEAC	FAC	Global	PC	TC	Description
99283	—	—	\$44.32	—	—	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	—	—	\$84.01	—	—	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the

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Code	NEAC	FAC	Global	PC	TC	Description
						presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
						Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99285	—	—	\$123.80	—	—	
99288	—	—	I.C.	—	—	Physician or other qualified health care professional direction of emergency medical

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Code	NEAC	FAC	Global	PC	TC	Description
						systems (EMS) emergency care; advanced life support
99291	\$201.56	\$161.15	—	—	—	Critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes
99292	\$89.20	\$80.78	—	—	—	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
99304	—	—	\$67.00	—	—	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low

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Code	NEAC	FAC	Global	PC	TC	Description
						severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
99305	—	—	\$95.35	—	—	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.

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Code	NEAC	FAC	Global	PC	TC	Description
99306	—	—	\$121.45	—	—	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.

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Code	NEAC	FAC	Global	PC	TC	Description
99307	—	—	\$32.87	—	—	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.

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Code	NEAC	FAC	Global	PC	TC	Description
99308	—	—	\$50.87	—	—	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

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Code	NEAC	FAC	Global	PC	TC	Description
99309	—	—	\$67.07	—	—	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99310	—	—	\$99.43	—	—	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
99315	—	—	\$53.67	—	—	Nursing facility discharge day management; 30 minutes or less
99316	—	—	\$77.34	—	—	Nursing facility discharge day management; more than 30 minutes

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99318	—	—	\$70.20	—	—	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99324	—	—	\$40.42	—	—	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision-making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.
99325	—	—	\$58.72	—	—	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies

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Code	NEAC	FAC	Global	PC	TC	Description
						are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.
99326	—	—	\$101.42	—	—	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.

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Code	NEAC	FAC	Global	PC	TC	Description
99327	—	—	\$135.52	—	—	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
99328	—	—	\$158.17	—	—	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent

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Code	NEAC	FAC	Global	PC	TC	Description
						with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.
						Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision-making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or
99334	—	—	\$44.20	—	—	

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						caregiver.
						<p>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the</p>
99335	—	—	\$69.61	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
						patient and/or family or caregiver.
99336	—	—	\$98.32	—	—	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.

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Code	NEAC	FAC	Global	PC	TC	Description
99337	—	—	\$140.59	—	—	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99339	—	—	\$57.23	—	—	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99340	—	—	\$80.08	—	—	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99341	—	—	\$40.14	—	—	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision-making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99342	—	—	\$57.60	—	—	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent

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Code	NEAC	FAC	Global	PC	TC	Description
						with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99343	—	—	\$94.37	—	—	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

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Code	NEAC	FAC	Global	PC	TC	Description
99344	—	—	\$132.79	—	—	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99345	—	—	\$160.88	—	—	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.
99347	—	—	\$40.45	—	—	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision-making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face to face with the patient and/or family.

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Code	NEAC	FAC	Global	PC	TC	Description
99348	—	—	\$61.30	—	—	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99349	—	—	\$93.59	—	—	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

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Code	NEAC	FAC	Global	PC	TC	Description
99350	—	—	\$129.67	—	—	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99354	\$73.17	\$67.55	—	—	—	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
99355	\$71.05	\$65.43	—	—	—	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99356	—	—	\$67.11	—	—	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

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Code	NEAC	FAC	Global	PC	TC	Description
99357	—	—	\$66.55	—	—	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
99358	—	—	\$79.22	—	—	Prolonged evaluation and management service before and/or after direct patient care; first hour
99359	—	—	\$38.33	—	—	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
99360	—	—	\$44.73	—	—	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99363	\$95.16	\$61.49	—	—	—	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed); and ordering of additional tests; initial 90 days of

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Code	NEAC	FAC	Global	PC	TC	Description
						therapy (must include a minimum of 8 INR measurements)
99364	\$32.19	\$23.49	—	—	—	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)
99366	\$31.32	\$30.48	—	—	—	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician-qualified health care professional
99367	—	—	\$41.04	—	—	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368	—	—	\$26.92	—	—	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician-qualified

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Code	NEAC	FAC	Global	PC	TC	Description
						health care professional
99374	\$51.71	\$41.04	—	—	—	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

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Code	NEAC	FAC	Global	PC	TC	Description
99375	\$77.29	\$64.38	—	—	—	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual; review of subsequent reports of patient status; review of related laboratory and other studies; communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care; integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

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Code	NEAC	FAC	Global	PC	TC	Description
99377	\$51.71	\$41.04	—	—	—	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care; integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

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Code	NEAC	FAC	Global	PC	TC	Description
99378	\$77.29	\$64.38	—	—	—	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care; integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

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Code	NEAC	FAC	Global	PC	TC	Description
99379	\$51.71	\$41.04	—	—	—	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care; integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

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Code	NEAC	FAC	Global	PC	TC	Description
99380	\$77.29	\$64.38	—	—	—	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99381	\$82.19	\$55.81	—	—	—	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions,

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Code	NEAC	FAC	Global	PC	TC	Description
						and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	\$85.87	\$59.49	—	—	—	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	\$89.43	\$63.33	—	—	—	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)

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Code	NEAC	FAC	Global	PC	TC	Description
99384	\$100.79	\$74.41	—	—	—	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	\$97.46	\$71.36	—	—	—	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	\$112.92	\$86.82	—	—	—	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions;

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Code	NEAC	FAC	Global	PC	TC	Description
						and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	\$122.48	\$93.29	—	—	—	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	\$73.93	\$50.92	—	—	—	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)

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Code	NEAC	FAC	Global	PC	TC	Description
99392	\$78.82	\$55.81	—	—	—	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	\$78.54	\$55.81	—	—	—	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	\$86.06	\$63.33	—	—	—	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor

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Code	NEAC	FAC	Global	PC	TC	Description
						reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	\$87.90	\$65.17	—	—	—	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	\$93.58	\$70.85	—	—	—	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years

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Code	NEAC	FAC	Global	PC	TC	Description
99397	\$100.79	\$74.41	—	—	—	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history; examination; counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older
99401	\$27.07	\$17.81	—	—	—	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	\$45.67	\$36.41	—	—	—	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	\$63.48	\$54.50	—	—	—	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	\$81.83	\$72.85	—	—	—	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate

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Code	NEAC	FAC	Global	PC	TC	Description
						procedure); approximately 60 minutes
99406	\$10.39	\$8.98	—	—	—	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	\$55.05	\$51.22	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	\$25.69	\$24.28	—	—	—	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	\$49.97	\$48.57	—	—	—	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	\$12.42	\$5.68	—	—	—	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	\$16.10	\$9.36	—	—	—	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group

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Code	NEAC	FAC	Global	PC	TC	Description
						setting (separate procedure); approximately 60 minutes
99415	—	—	\$6.89	—	—	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
99416	—	—	\$3.80	—	—	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)
99429	—	—	I.C.	—	—	Unlisted preventive medicine service

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Code	NEAC	FAC	Global	PC	TC	Description
99441	\$10.21	\$9.36	—	—	—	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	\$19.73	\$18.60	—	—	—	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

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Code	NEAC	FAC	Global	PC	TC	Description
99443	\$28.81	\$27.97	—	—	—	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99444	—	—	I.C.	—	—	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
99446	—	—	I.C.	—	—	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the

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Code	NEAC	FAC	Global	PC	TC	Description
						patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
						Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
99447	—	—	I.C.	—	—	
						Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99448	—	—	I.C.	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
99449	—	—	I.C.	—	—	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
99450	—	—	I.C.	—	—	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificate s.
99455	—	—	I.C.	—	—	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the

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Code	NEAC	FAC	Global	PC	TC	Description
						<p>patient's condition; Formulation of a diagnosis, assessment of capabilities and stability; and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificate s and report.</p>
99456	—	—	I.C.	—	—	<p>Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability; and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificate s and report.</p>
99460	—	—	\$95.73	—	—	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99461	\$68.31	\$45.86	—	—	—	Initial care, per day, for evaluation and management of normal

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Code	NEAC	FAC	Global	PC	TC	Description
						newborn infant seen in other than hospital or birthing center
99462	—	—	\$41.54	—	—	Subsequent hospital care, per day, for evaluation and management of normal newborn
99463	—	—	\$119.20	—	—	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
99464	—	—	\$51.63	—	—	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn
99465	—	—	\$152.06	—	—	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99466	—	—	\$166.39	—	—	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport
99467	—	—	\$84.81	—	—	Critical care face-to-face services, during an interfacility transport of critically ill or critically

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Code	NEAC	FAC	Global	PC	TC	Description
						injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)
99468	—	—	\$687.80	—	—	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99469	—	—	\$289.43	—	—	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99471	—	—	\$634.42	—	—	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99472	—	—	\$297.16	—	—	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99475	—	—	\$418.20	—	—	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age

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Code	NEAC	FAC	Global	PC	TC	Description
99476	—	—	\$251.53	—	—	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99477	—	—	\$260.84	—	—	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
99478	—	—	\$99.32	—	—	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
99479	—	—	\$90.64	—	—	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500–2500 grams)
99480	—	—	\$86.80	—	—	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501–5000 grams)
99485	—	—	\$55.81	—	—	Supervision by a control physician of interfacility transport care of the

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Code	NEAC	FAC	Global	PC	TC	Description
						critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes
						Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
99486	—	—	\$48.57	—	—	
						Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional
99487	—	—	I.C.	—	—	

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Code	NEAC	FAC	Global	PC	TC	Description
						decline, establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision-making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99489	—	—	I.C.	—	—	Complex chronic care management services; with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision-making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

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Code	NEAC	FAC	Global	PC	TC	Description
99490	\$29.99	\$22.70	—	—	—	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.
99495	\$122.85	\$80.47	—	—	—	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge

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Code	NEAC	FAC	Global	PC	TC	Description
99496	\$172.83	\$116.42	—	—	—	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge
99497	\$62.42	\$57.37	—	—	—	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	\$53.96	\$53.68	—	—	—	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in

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Code	NEAC	FAC	Global	PC	TC	Description
						addition to code for primary procedure)
99499	—	—	I.C.	—	—	Unlisted evaluation and management service
99500	—	—	I.C.	—	—	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501	—	—	I.C.	—	—	Home visit for postnatal assessment and follow-up care
99502	—	—	I.C.	—	—	Home visit for newborn care and assessment
99503	—	—	I.C.	—	—	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504	—	—	I.C.	—	—	Home visit for mechanical ventilation care
99505	—	—	I.C.	—	—	Home visit for stoma care and maintenance including colostomy and cystostomy
99506	—	—	I.C.	—	—	Home visit for intramuscular injections
99507	—	—	I.C.	—	—	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509	—	—	I.C.	—	—	Home visit for assistance with activities of daily living and personal care
99510	—	—	I.C.	—	—	Home visit for individual, family, or marriage counseling

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Code	NEAC	FAC	Global	PC	TC	Description
99511	—	—	I.C.	—	—	Home visit for fecal impaction management and enema administration
99512	—	—	I.C.	—	—	Home visit for hemodialysis
99600	—	—	I.C.	—	—	Unlisted home visit service or procedure
99601	—	—	I.C.	—	—	Home infusion/specialty drug administration, per visit (up to 2 hours);
99602	—	—	I.C.	—	—	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
99605	—	—	I.C.	—	—	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606	—	—	I.C.	—	—	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
99607	—	—	I.C.	—	—	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided;

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						each additional 15 minutes (List separately in addition to code for primary service)
S3005-U1	—	—	\$9.73	—	—	Performance Measurement, Evaluation of Patient Self-Assessment, Depression Positive Screen: Perinatal care provider completed prenatal or postpartum depression screening and behavioral health need identified.
S3005-U2	—	—	\$9.73	—	—	Performance Measurement, Evaluation of Patient Self-Assessment, Depression Negative Screen: Perinatal care provider completed prenatal or postpartum depression screening with no behavioral health need identified.
G0108	—	—	\$38.98	—	—	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	—	—	\$10.49	—	—	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	\$22.50	\$20.53	—	—	—	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						additional hours needed for renal disease); individual, face-to-face with the patient, each 15 minutes
G0271	\$11.89	\$11.33	—	—	—	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals); each 30 minutes
G0455	—	—	I.C.	-	-	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen
J0131	—	—	I.C.	—	—	Injection, acetaminophen, 10 mg
J0135	—	—	I.C.	—	—	Injection, adalimumab, 20 mg
J0215	—	—	I.C.	—	—	Injection, alefacept, 0.5 mg
J0364	—	—	I.C.	—	—	Injection, apomorphine hydrochloride, 1 mg
J0400	—	—	I.C.	—	—	Injection, aripiprazole, intramuscular, 0.25 mg
J0571	—	—	I.C.	—	—	Buprenorphine, oral, 1 mg
J0572	—	—	I.C.	—	—	Buprenorphine/naloxone, oral, less than or equal to 3 mg
J0573	—	—	I.C.	—	—	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						mg
J0574	—	—	I.C.	—	—	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg
J0575	—	—	I.C.	—	—	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
J0596	—	—	I.C.	—	—	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units
J0715	—	—	I.C.	—	—	Injection, ceftizoxime sodium, per 500 mg
J0716	—	—	I.C.	—	—	Injection, Centrurides immune f(ab)2, up to 120 mg
J0833	—	—	I.C.	—	—	Injection, cosyntropin, not otherwise specified, 0.25 mg.
J0883	—	—	I.C.	—	—	Injection, argatroban, 1 mg (for non-ESRD use)
J0884	—	—	I.C.	—	—	Injection, argatroban, 1 mg (for ESRD on dialysis)
J0890	—	—	I.C.	—	—	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)
J1094	—	—	I.C.	—	—	Injection, dexamethasone acetate, 1 mg
J1130	—	—	I.C.	—	—	Injection, diclofenac sodium, 0.5 mg
J1260	—	—	I.C.	—	—	Injection, dolasetron mesylate, 10 mg
J1320	—	—	I.C.	—	—	Injection, amitriptyline HCl, up to 20 mg
J1322	—	—	I.C.	—	—	Injection, elosulfase alfa, 1mg
J1324	—	—	I.C.	—	—	Injection, enfuvirtide, 1 mg.
J1438	—	—	I.C.	—	—	Injection, etanercept, 25 mg

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
J1455	—	—	I.C.	—	—	Injection, foscarnet sodium, per 1000 mg.
J1562	—	—	I.C.	—	—	Injection, immune globulin, (Vivaglobin), 100 mg (
J1573	—	—	I.C.	—	—	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml.
J1595	—	—	I.C.	—	—	Injection, glatiramer acetate, 20 mg
J1599	—	—	I.C.	—	—	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg
J1655	—	—	I.C.	—	—	Injection, tinzaparin sodium, 1000 IU
J1700	—	—	I.C.	—	—	Injection, hydrocortisone acetate, up to 25 mg
J1710	—	—	I.C.	—	—	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1725	—	—	I.C.	—	—	Injection, hydroxyprogesterone caproate, 1 mg
J1741	—	—	I.C.	—	—	Injection, ibuprofen, 100 mg.
J1744	—	—	I.C.	—	—	Injection, icatibant, 1 mg
J1790	—	—	I.C.	—	—	Injection, droperidol, up to 5 mg
J1826	—	—	I.C.	—	—	Injection, interferon beta-1a, 30 meg
J1830	—	—	I.C.	—	—	Injection interferon beta-1b, 0.25 mg
J1840	—	—	I.C.	—	—	Injection, kanamycin sulfate, up to 500 mg.
J1850	—	—	I.C.	—	—	Injection, kanamycin sulfate, up to 75 mg.
J1890	—	—	I.C.	—	—	Injection, cephalothin sodium, up to 1 g

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
J1990	—	—	I.C.	—	—	Injection, chlordiazepoxide HCl, up to 100 mg
J2170	—	—	I.C.	—	—	Injection, mecaseprin, 1 mg
J2182	—	—	I.C.	—	—	Injection, mepolizumab, 1 mg
J2212	—	—	I.C.	—	—	Injection, methylnaltrexone, 0.1 mg
J2265	—	—	I.C.	—	—	Injection, minocycline HCl, 1 mg
J2440	—	—	I.C.	—	—	Injection, papaverine HCl, up to 60 mg
J2460	—	—	I.C.	—	—	Injection, oxytetracycline hcl, up to 50 mg
J2502	—	—	I.C.	—	—	Injection, pasireotide long acting, 1 mg
J2760	—	—	I.C.	—	—	Injection, phentolamine mesylate, up to 5 mg
J2786	—	—	I.C.	—	—	Injection, reslizumab, 1 mg
J2793	—	—	I.C.	—	—	Injection, rilonacept, 1 mg
J2840	—	—	I.C.	—	—	Injection, sebelipase alfa, 1 mg
J2910	—	—	I.C.	—	—	Injection, aurothioglucose, up to 50 mg
J2940	—	—	I.C.	—	—	Injection, somatrem, 1 mg
J2941	—	—	I.C.	—	—	Injection, somatropin, 1 mg
J3030	—	—	I.C.	—	—	Injection, sumatriptan succinate, 6 mg
J3110	—	—	I.C.	—	—	Injection, teriparatide, 10 meg
J3145	—	—	I.C.	—	—	Injection, testosterone undecanoate, 1 mg (
J3302	—	—	I.C.	—	—	Injection, triamcinolone diacetate, per 5 mg
J3303	—	—	I.C.	—	—	Injection, triamcinolone hexacetonide, per 5 mg
J3472	—	—	I.C.	—	—	Injection, hyaluronidase,

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						ovine, preservative free, per 1000 usp units
J3490	—	—	I.C.	—	—	Unclassified drugs
J3490-FP	—	—	I.C.	—	—	Unclassified drugs (service provided as part of Medicaid family planning program) (Use for medications and injectables related to family planning services, with the exception of Rho (D) human immune globulin, and contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's costs.)
J3590	—	—	I.C.	—	—	Unclassified biologics
J7131	—	—	I.C.	—	—	Hypertonic saline solution, 1 ml
J7178	—	—	I.C.	—	—	Injection, human fibrinogen concentrate, 1 mg
J7181	—	—	I.C.	—	—	Injection, factor XIII A-subunit, (recombinant), per IU
J7297	—	—	I.C.	—	—	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3-year duration
J7298	—	—	I.C.	—	—	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5-year duration
J7301	—	—	I.C.	—	—	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7303	—	—	I.C.	—	—	Contraceptive supply, hormone-containing vaginal ring, each

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
J7304	—	—	I.C.	—	—	Contraceptive supply, hormone-containing patch, each
J7307	—	—	I.C.	—	—	Etonogestrel (contraceptive) implant system, including implant and supplies
J7309	—	—	I.C.	—	—	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1-g
J7310	—	—	I.C.	—	—	Ganciclovir, 4.5 mg, long-acting implant.
J7315	—	—	I.C.	—	—	Mitomycin, ophthalmic, 0.2 mg.
J7322	—	—	I.C.	—	—	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7328	—	—	I.C.	—	—	Hyaluronan or derivative, for intra-articular injection, 0.1 mg
J7340	—	—	I.C.	—	—	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7342	—	—	I.C.	—	—	Installation, ciprofloxacin otic suspension, 6 mg
J7599	—	—	I.C.	—	—	Immunosuppressive drug, not otherwise specified
J7633	—	—	I.C.	—	—	Budesonide, inhalation solution, FDA-approved final product, none compounded, administered through DME, concentrated form, per 0.25 mg
J7665	—	—	I.C.	—	—	Mannitol, administered through an inhaler, 5 mg
J7669	—	—	I.C.	—	—	Metaproterenol sulfate, inhalation solution, FDA-approved final product, none compounded, administered through DME, unit dose form, per

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						10-mg
J7676	—	—	I.C.	—	—	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
J7699	—	—	I.C.	—	—	NOC drugs, inhalation solution administered through DME
J7799	—	—	I.C.	—	—	NOC drugs, other than inhalation drugs, administered through DME
J7999	—	—	I.C.	—	—	Compounded drug, not otherwise classified
J8562	—	—	I.C.	—	—	Fludarabine phosphate, oral, 10-mg
J8670	—	—	I.C.	—	—	Rolapitant, oral, 1-mg
J9020	—	—	I.C.	—	—	Injection, asparaginase, not otherwise specified, 10,000 units
J9160	—	—	I.C.	—	—	Injection, denileukin diftitox, 300 micrograms
J9212	—	—	I.C.	—	—	Injection, interferon alfacon-1, recombinant, 1 meg
J9213	—	—	I.C.	—	—	Injection, interferon, alfa-2a, recombinant, 3 million units
J9215	—	—	I.C.	—	—	Injection, interferon-alfa-N3 (human leukocyte derived), 250,000 IU
J9216	—	—	I.C.	—	—	Injection, interferon gamma1-b, 3 million units
J9219	—	—	I.C.	—	—	Leuprolide acetate implant, 65-mg
J9262	—	—	I.C.	—	—	Injection, omacetaxine mepesuccinate, 0.01-mg
J9300	—	—	I.C.	—	—	Injection, gemtuzumab ozogamicin, 5-mg

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
J9340	—	—	I.C.	—	—	Injection, thiotepa, 15-mg
J9999	—	—	I.C.	—	—	Not otherwise classified, antineoplastic drugs
Q2009	—	—	I.C.	—	—	Injection, fosphenytoin, 50-mg-phenytoin equivalent.
Q2017	—	—	I.C.	—	—	Injection, teniposide, 50-mg
Q2036	—	—	I.C.	—	—	Influenza-virus vaccine, split-virus, when administered to individuals 3-years-of age and older, for intramuscular use (flulaval)
Q2038	—	—	I.C.	—	—	Influenza-virus vaccine, split-virus, when administered to individuals 3-years-of age and older, for intramuscular use (Fluzone)
Q2049	—	—	I.C.	—	—	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10mg
Q4103	—	—	I.C.	—	—	Oasis burn matrix, per-sq cm
Q4104	—	—	I.C.	—	—	Integra bilayer matrix wound dressing (BMWD), per sq-cm
Q4108	—	—	I.C.	—	—	Integra matrix, per sq-cm
Q4110	—	—	I.C.	—	—	PriMatrix, per sq-cm
Q4161	—	—	I.C.	—	—	Bio-ConneKt wound matrix, per sq-cm
Q4162	—	—	I.C.	—	—	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5-cc
Q4163	—	—	I.C.	—	—	AmnioPro, BioSkin, BioRenew, WoundEx,

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101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
						Amniogen-45, Amniogen-200, per sq cm
Q4164	—	—	I.C.	—	—	Helicoll, per sq cm
Q4165	—	—	I.C.	—	—	Keramatrix, per sq cm
Q9980	—	—	I.C.	—	—	Hyaluronan or derivative, for intra-articular injection, 1 mg
S0020	—	—	I.C.	—	—	Injection, bupivacaine HCl, 30 ml
S0021	—	—	I.C.	—	—	Injection, cefoperazone sodium, 1 g
S0023	—	—	I.C.	—	—	Injection, cimetidine HCl, 300 mg
S0077	—	—	I.C.	—	—	Injection, clindamycin phosphate, 300 mg
S0190	—	—	I.C.	—	—	Mifepristone, oral, 200 mg
S0191	—	—	I.C.	—	—	Misoprostol, oral, 200 mcg
S0302	—	—	I.C.	—	—	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)
T1023	—	—	I.C.	—	—	Screening to determine the appropriateness of consideration of an individual for participation in a specified program; project or treatment protocol, per encounter

**Tobacco Cessation
Codes**

Code	NEAC	FAC	Global	PC	TC	Description
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101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99407	\$55.05	\$51.22	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)
99407 SA	\$55.05	\$51.22	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible provider is a certified nurse practitioner employed by an eligible billing entity)
99407 TD	\$46.79	\$43.54	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
99407 U1	\$46.79	\$43.54	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NEAC	FAC	Global	PC	TC	Description
99407-TF	\$82.58	\$76.83	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)—
99407-U2	\$70.19	\$65.31	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are registered nurse, and tobacco cessation counselor employed by an eligible billing entity.)—
99407-HQ	\$35.09	\$32.65	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)—

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description
99407 U3	\$29.83	\$27.75	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are registered nurse and tobacco cessation counselor employed by an eligible billing entity.)

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
90281	.	.	I.C.	.	.	
90283	.	.	I.C.	.	.	
90284	.	.	I.C.	.	.	
90287	.	.	I.C.	.	.	
90288	.	.	I.C.	.	.	
90291	.	.	I.C.	.	.	
90296	.	.	I.C.	.	.	
90378	.	.	I.C.	.	.	
90384	.	.	I.C.	.	.	
90385	.	.	I.C.	.	.	
90386	.	.	I.C.	.	.	
90389	.	.	I.C.	.	.	
90393	.	.	I.C.	.	.	
90396	.	.	I.C.	.	.	
90399	.	.	I.C.	.	.	
90460	.	.	\$20.45	.	.	
90460-SL	.	.	\$17.70	.	.	
90461	.	.	\$9.84	.	.	
90461-SL	.	.	\$8.52	.	.	
90471	.	.	\$20.45	.	.	
90471-SL	.	.	\$17.70	.	.	
90472	.	.	\$9.84	.	.	
90473	.	.	\$20.45	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
90473-SL	.	.	\$17.70	.	.	
90474	.	.	\$9.84	.	.	
90476	.	.	I.C.	.	.	
90477	.	.	I.C.	.	.	
90581	.	.	I.C.	.	.	
90586	.	.	I.C.	.	.	
90587	-	-	I.C.	-	-	
90620	.	.	I.C.	.	.	
90621	.	.	I.C.	.	.	
90625	.	.	I.C.	.	.	
90633	.	.	I.C.	.	.	
90634	.	.	I.C.	.	.	
90644	.	.	I.C.	.	.	
90647	.	.	I.C.	.	.	
90648	.	.	I.C.	.	.	
90649	.	.	I.C.	.	.	
90650	.	.	I.C.	.	.	
90651	.	.	I.C.	.	.	
90653	.	.	I.C.	.	.	
90654	.	.	I.C.	.	.	
90655	.	.	I.C.	.	.	
90657	.	.	I.C.	.	.	
90658	.	.	I.C.	.	.	
90660	.	.	I.C.	.	.	
90661	.	.	I.C.	.	.	
90664	.	.	I.C.	.	.	
90666	.	.	I.C.	.	.	
90667	.	.	I.C.	.	.	
90668	.	.	I.C.	.	.	
90676	.	.	I.C.	.	.	
90680	.	.	I.C.	.	.	
90681	.	.	I.C.	.	.	
90682	.	.	I.C.	.	.	
90685	.	.	I.C.	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
90687	.	.	I.C.	.	.	
90690	.	.	I.C.	.	.	
90696	.	.	I.C.	.	.	
90697	.	.	I.C.	.	.	
90698	.	.	I.C.	.	.	
90700	.	.	I.C.	.	.	
90702	.	.	I.C.	.	.	
90707	.	.	I.C.	.	.	
90710	.	.	I.C.	.	.	
90713	.	.	I.C.	.	.	
90716	.	.	I.C.	.	.	
90717	.	.	I.C.	.	.	
90723	.	.	I.C.	.	.	
90733	.	.	I.C.	.	.	
90734	.	.	I.C.	.	.	
90736	.	.	I.C.	.	.	
90738	.	.	I.C.	.	.	
90739	.	.	I.C.	.	.	
90743	.	.	I.C.	.	.	
90744	.	.	I.C.	.	.	
90748	.	.	I.C.	.	.	
90749	.	.	I.C.	.	.	
90750	.	.	I.C.	.	.	
90756	-	-	I.C.	-	-	
90785	.	.	\$10.56	.	.	
90791	\$100.32	\$96.77	.	.	.	
90792	\$110.83	\$107.27	.	.	.	
90832	\$48.45	\$48.15	.	.	.	
90833	\$50.10	\$49.50	.	.	.	
90834	\$64.36	\$64.06	.	.	.	
90836	\$63.60	\$63.01	.	.	.	
90837	\$96.77	\$95.88	.	.	.	
90838	\$83.85	\$83.26	.	.	.	
90839	\$100.87	\$100.28	.	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
90840	\$48.15	\$47.86	.	.	.	
90845	\$69.59	\$69.30	.	.	.	
90846	\$78.16	\$77.57	.	.	.	
90847	\$80.86	\$80.27	.	.	.	
90849	\$26.50	\$23.54	.	.	.	
90853	\$19.52	\$19.23	.	.	.	
90863	.	.	I.C.	.	.	
90865	\$130.05	\$98.66	.	.	.	
90867	.	.	I.C.	.	.	
90868	.	.	I.C.	.	.	
90869	.	.	I.C.	.	.	
90870	\$140.24	\$84.58	.	.	.	
90875	\$46.91	\$46.62	\$47.19	.	.	
90876	\$83.63	\$74.75	.	.	.	
90880	\$77.65	\$71.43	.	.	.	
90882	.	.	I.C.	.	.	
90885	.	.	\$38.14	.	.	
90887	\$68.70	\$58.34	.	.	.	
90889	.	.	I.C.	.	.	
90899	.	.	I.C.	.	.	
90901	\$30.35	\$15.25	.	.	.	
90911	\$67.07	\$34.21	.	.	.	
90935	.	.	\$55.80	.	.	
90937	.	.	\$79.99	.	.	
90940	.	.	I.C.	.	.	
90945	.	.	\$66.72	.	.	
90947	.	.	\$95.41	.	.	
90951	.	.	\$723.18	.	.	
90952	.	.	I.C.	.	.	
90953	.	.	I.C.	.	.	
90954	.	.	\$627.25	.	.	
90955	.	.	\$352.59	.	.	
90956	.	.	\$246.43	.	.	
90957	.	.	\$496.97	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
90958	.	.	\$336.68	.	.	
90959	.	.	\$229.34	.	.	
90960	.	.	\$220.07	.	.	
90961	.	.	\$185.21	.	.	
90962	.	.	\$143.42	.	.	
90963	.	.	\$419.38	.	.	
90964	.	.	\$366.85	.	.	
90965	.	.	\$349.30	.	.	
90966	.	.	\$184.75	.	.	
90967	.	.	\$13.93	.	.	
90968	.	.	\$11.99	.	.	
90969	.	.	\$11.72	.	.	
90970	.	.	\$6.02	.	.	
90989	.	.	I.C.	.	.	
90993	.	.	I.C.	.	.	
90997	.	.	\$71.94	.	.	
90999	.	.	I.C.	.	.	
91010	.	.	\$142.64	\$52.18	\$90.47	
91013	.	.	\$18.65	\$7.40	\$11.25	
91020	.	.	\$190.49	\$58.70	\$131.78	
91022	.	.	\$135.09	\$58.54	\$76.55	
91030	.	.	\$110.67	\$36.79	\$73.89	
91034	.	.	\$154.83	\$39.79	\$115.04	
91035	.	.	\$395.04	\$65.06	\$329.99	
91037	.	.	\$130.52	\$39.46	\$91.06	
91038	.	.	\$371.05	\$44.62	\$326.44	
91040	.	.	\$359.65	\$39.13	\$320.51	
91065	.	.	\$64.35	\$7.94	\$56.42	
91110	.	.	\$724.66	\$148.34	\$576.32	
91111	.	.	\$600.90	\$40.86	\$560.04	
91112	.	.	\$894.51	\$85.48	\$809.03	
91117	.	.	\$107.90	.	.	
91120	.	.	\$351.12	\$38.90	\$312.22	
91122	.	.	\$183.22	\$69.79	\$113.43	

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91132	.	.	\$126.68	\$21.41	\$105.27	
91133	.	.	\$141.36	\$26.91	\$114.45	
91200	.	.	\$25.39	\$10.12	\$15.26	
91299	.	.	I.C.	.	.	
92018		.	\$113.89.		.	
92019		.	\$56.05.		.	
92020	\$21.11	\$16.38		.	.	
92025		.	\$30.51	\$15.84	\$14.67	
92060		.	\$52.13	\$30.06	\$22.07	
92065		.	\$43.19	\$14.01	\$29.18	
92071	\$29.84	\$26.28		.	.	
92072	\$106.78	\$80.43		.	.	
92081		\$27.09	\$12.71	\$14.38		
92082		\$38.67	\$16.89	\$21.78		
92083		\$52.03	\$21.96	\$30.07		
92100	\$64.77	\$26.58		.	.	
92132		.	\$27.84	\$14.95	\$12.89	
92133		.	\$35.15	\$21.96	\$13.19	
92134		.	\$36.04	\$22.55	\$13.49	
92136		.	\$73.54	\$24.52	\$49.02	
92145		.	\$12.03	\$6.53	\$5.49	
92225	\$21.39	\$16.65		.	.	
92226	\$19.74	\$15.00		.	.	
92227		.	\$12.01.		.	
92228		.	\$27.50	\$16.38	\$11.12	
92230	\$46.61	\$26.18		.	.	
92235	.	.	\$89.12	\$37.15	\$51.98	
92240	.	.	\$209.63	\$50.48	\$159.15	
92242	-	-	\$187.58	\$44.08	\$143.50	
92250	.	.	\$64.32	\$18.86	\$45.46	
92260	\$14.75	\$8.53	.	.	.	
92265	.	.	\$63.40	\$33.63	\$29.77	
92270	.	.	\$73.76	\$32.15	\$41.61	
92275	.	.	\$120.75	\$42.55	\$78.19	

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92283	.	.	\$45.48	\$7.13	\$38.36	
92284	.	.	\$50.33	\$9.61	\$40.73	
92285	.	.	\$16.78	\$2.40	\$14.38	
92286	.	.	\$30.68	\$17.48	\$13.19	
92287	.	.	\$111.79	\$36.85	\$74.94	
92310	\$75.98	\$46.08	.	.	.	
92311	\$81.05	\$43.45	.	.	.	
92312	\$93.32	\$49.50	.	.	.	
92313	\$78.05	\$36.89	.	.	.	
92314	\$64.00	\$27.00	.	.	.	
92315	\$59.26	\$16.93	.	.	.	
92316	\$74.36	\$25.51	.	.	.	
92317	\$61.93	\$17.22	.	.	.	
92325	.	.	\$34.80	.	.	
92326	.	.	\$29.18	.	.	
92352	\$32.53	\$14.47	.	.	.	
92353	\$37.69	\$19.63	.	.	.	
92354	.	.	\$11.12	.	.	
92355	.	.	\$17.34	.	.	
92358	.	.	\$9.34	.	.	
92371	.	.	\$9.64	.	.	
92499	.	.	I.C.	.	.	
92502	.	.	\$76.65	.	.	
92504	\$24.57	\$7.40	.	.	.	
92507	.	.	\$62.00	.	.	
92508	.	.	\$18.55	.	.	
92511	\$92.04	\$31.05	.	.	.	
92512	\$48.97	\$22.32	.	.	.	
92516	\$57.41	\$18.03	.	.	.	
92520	\$60.62	\$32.20	.	.	.	
92521	.	.	\$87.08	.	.	
92522	.	.	\$72.46	.	.	
92523	.	.	\$152.46	.	.	
92524	.	.	\$70.10	.	.	

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92526	.	.	\$67.81	.	.	
92531	.	.	I.C.	.	.	
92532	.	.	I.C.	.	.	
92533	.	.	I.C.	.	.	
92534	.	.	I.C.	.	.	
92537	.	.	\$31.80	\$24.83	\$6.97	
92538	.	.	\$16.13	\$12.41	\$3.72	
92540	.	.	\$80.29	\$62.07	\$18.22	
92541	.	.	\$18.83	\$16.30	\$2.53	
92542	.	.	\$21.75	\$19.51	\$2.24	
92544	.	.	\$12.95	\$11.01	\$1.94	
92545	.	.	\$11.82	\$10.17	\$1.64	
92546	.	.	\$85.01	\$11.55	\$73.46	
92547	.	.	\$5.03	.	.	
92548	.	.	\$83.87	\$20.35	\$63.52	
92550	.	.	\$16.59	.	.	
92551	.	.	\$9.93	.	.	
92552	.	.	\$25.92	.	.	
92553	.	.	\$30.96	.	.	
92555	.	.	\$19.41	.	.	
92556	.	.	\$30.96	.	.	
92557	\$29.43	\$25.58	.	.	.	
92558	.	.	I.C.	.	.	
92559	.	.	I.C.	.	.	
92560	.	.	I.C.	.	.	
92561	.	.	\$31.42	.	.	
92562	.	.	\$38.65	.	.	
92563	.	.	\$25.63	.	.	
92564	.	.	\$23.26	.	.	
92565	.	.	\$13.19	.	.	
92567	\$11.49	\$8.53	.	.	.	
92568	\$12.31	\$12.01	.	.	.	
92570	\$25.12	\$23.35	.	.	.	
92571	.	.	\$22.67	.	.	

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Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
92572	.	.	\$29.77	.	.	
92575	.	.	\$60.13	.	.	
92576	.	.	\$29.77	.	.	
92577	.	.	\$13.78	.	.	
92579	\$32.76	\$28.91	.	.	.	
92582	.	.	\$56.29	.	.	
92583	.	.	\$43.69	.	.	
92584	.	.	\$61.02	.	.	
92585	.	.	\$111.57	\$20.94	\$90.63	
92586	.	.	\$71.09	.	.	
92587	.	.	\$16.89	\$14.36	\$2.53	
92588	.	.	\$25.85	\$22.72	\$3.12	
92596	.	.	\$34.97	.	.	
92597	.	.	\$56.21	.	.	
92601	\$110.62	\$92.86	.	.	.	
92602	\$70.61	\$53.74	.	.	.	
92603	\$119.57	\$95.59	.	.	.	
92604	\$71.01	\$52.95	.	.	.	
92605	\$72.01	\$68.76	.	.	.	
92606	\$64.89	\$55.12	.	.	.	
92607	.	.	\$99.85	.	.	
92608	.	.	\$41.91	.	.	
92609	.	.	\$87.83	.	.	
92610	\$67.19	\$56.83	.	.	.	
92611	.	.	\$68.17	.	.	
92612	\$151.68	\$53.09	.	.	.	
92613	.	.	\$29.64	.	.	
92614	\$117.93	\$52.80	.	.	.	
92615	\$26.26	\$25.97	.	.	.	
92616	\$168.23	\$78.81	.	.	.	
92617	.	.	\$32.53	.	.	
92618	\$26.21	\$25.62	.	.	.	
92620	\$74.08	\$64.60	.	.	.	
92621	\$17.61	\$14.95	.	.	.	

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92625	\$54.98	\$48.77	.	.	.	
92626	\$70.62	\$59.66	.	.	.	
92627	\$17.67	\$14.11	.	.	.	
92630	.	.	I.C.	.	.	
92633	.	.	I.C.	.	.	
92640	\$89.26	\$75.05	.	.	.	
92700	.	.	I.C.	.	.	
92920	.	.	\$413.04	.	.	
92921	.	.	I.C.	.	.	
92924	.	.	\$490.56	.	.	
92925	.	.	I.C.	.	.	
92928	.	.	\$458.41	.	.	
92929	.	.	I.C.	.	.	
92933	.	.	\$512.75	.	.	
92934	.	.	I.C.	.	.	
92937	.	.	\$458.14	.	.	
92938	.	.	I.C.	.	.	
92941	.	.	\$513.75	.	.	
92943	.	.	\$513.59	.	.	
92944	.	.	I.C.	.	.	
92950	\$239.80	\$142.69	.	.	.	
92953	.	.	\$8.61	.	.	
92960	\$164.80	\$95.22	.	.	.	
92961	.	.	\$198.40	.	.	
92970	.	.	\$143.42	.	.	
92971	.	.	\$76.75	.	.	
92973	.	.	\$134.07	.	.	
92974	.	.	\$122.40	.	.	
92975	.	.	\$295.48	.	.	
92977	.	.	\$50.09	.	.	
92978	.	.	.	\$72.89	.	
92979	.	.	.	\$58.17	.	
92986	.	.	\$1,017.39	.	.	
92987	.	.	\$1,050.14	.	.	

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92990	.	.	\$829.27	.	.	
92992	.	.	I.C.	.	.	
92993	.	.	I.C.	.	.	
92997	.	.	\$496.01	.	.	
92998	.	.	\$244.65	.	.	
93000	.	.	\$13.51	.	.	
93005	.	.	\$6.97	.	.	
93010	.	.	\$6.53	.	.	
93015	.	.	\$61.18	.	.	
93016	.	.	\$17.22	.	.	
93017	.	.	\$32.73	.	.	
93018	.	.	\$11.23	.	.	
93024	.	.	\$89.74	\$44.40	\$45.33	
93025	.	.	\$130.76	\$28.45	\$102.31	
93040	.	.	\$10.01	.	.	
93041	.	.	\$4.60	.	.	
93042	.	.	\$5.40	.	.	
93050	.	.	\$13.80	\$6.53	\$7.27	
93224	.	.	\$74.21	.	.	
93225	.	.	\$22.07	.	.	
93226	.	.	\$31.55	.	.	
93227	.	.	\$20.59	.	.	
93228	.	.	\$20.17	.	.	
93229	.	.	\$606.15	.	.	
93260	.	.	\$53.23	\$35.00	\$18.22	
93261	.	.	\$48.32	\$30.09	\$18.22	
93268	.	.	\$169.55	.	.	
93270	.	.	\$7.57	.	.	
93271	.	.	\$142.28	.	.	
93272	.	.	\$19.71	.	.	
93278	.	.	\$24.25	\$9.58	\$14.67	
93279	.	.	\$39.37	\$24.99	\$14.38	
93280	.	.	\$46.03	\$29.88	\$16.15	
93281	.	.	\$53.99	\$34.87	\$19.11	

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93282	.	.	\$49.67	\$32.93	\$16.74	
93283	.	.	\$64.46	\$44.75	\$19.70	
93284	.	.	\$71.17	\$48.80	\$22.37	
93285	.	.	\$33.49	\$20.30	\$13.19	
93286	.	.	\$21.76	\$11.82	\$9.93	
93287	.	.	\$28.64	\$17.81	\$10.82	
93288	.	.	\$29.28	\$16.39	\$12.89	
93289	.	.	\$51.57	\$35.41	\$16.15	
93290	.	.	\$24.54	\$16.68	\$7.86	
93291	.	.	\$28.69	\$16.68	\$12.01	
93292	.	.	\$25.73	\$16.68	\$9.05	
93293	.	.	\$43.32	\$12.07	\$31.25	
93294	.	.	\$26.21	.	.	
93295	.	.	\$52.02	.	.	
93296	.	.	\$21.48	.	.	
93297	.	.	\$20.46	.	.	
93298	.	.	\$20.46	.	.	
93299	.	.	I.C.	.	.	
93303	.	.	\$194.96	\$49.56	\$145.40	
93304	.	.	\$127.80	\$28.45	\$99.35	
93306	.	.	\$186.08	\$49.26	\$136.82	
93307	.	.	\$106.04	\$35.12	\$70.93	
93308	.	.	\$102.45	\$19.98	\$82.47	
93312	.	.	\$247.48	\$93.92	\$153.56	
93313	.	.	\$17.10	.	.	
93314	.	.	\$242.56	\$79.52	\$163.04	
93315	.	.	.	\$109.69	.	
93316	.	.	\$29.15	.	.	
93317	.	.	.	\$80.76	.	
93318	.	.	.	\$89.54	.	
93320	.	.	\$44.18	\$14.28	\$29.90	
93321	.	.	\$22.28	\$5.70	\$16.58	
93325	.	.	\$21.14	\$2.48	\$18.65	
93350	.	.	\$196.62	\$55.36	\$141.26	

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93351	.	.	\$220.77	\$66.03	\$154.75	
93352	.	.	\$27.67	.	.	
93355	.	.	\$174.07	.	.	
93451	.	.	\$643.26	\$109.54	\$533.72	
93452	.	.	\$716.34	\$191.64	\$524.70	
93453	.	.	\$922.97	\$252.73	\$670.24	
93454	.	.	\$726.70	\$193.70	\$532.99	
93455	.	.	\$846.10	\$223.83	\$622.27	
93456	.	.	\$909.85	\$248.49	\$661.36	
93457	.	.	\$1,028.69	\$278.51	\$750.18	
93458	.	.	\$871.31	\$236.61	\$634.71	
93459	.	.	\$962.13	\$266.73	\$695.40	
93460	.	.	\$1,030.75	\$297.15	\$733.60	
93461	.	.	\$1,180.22	\$327.73	\$852.49	
93462	.	.	\$158.69	.	.	
93463	.	.	\$76.30	.	.	
93464	.	.	\$223.90	\$67.84	\$156.06	
93503	.	.	\$98.71	.	.	
93505	.	.	\$617.78	\$176.44	\$441.34	
93530	.	.	.	\$168.42	.	
93531	.	.	.	\$330.22	.	
93532	.	.	.	\$403.90	.	
93533	.	.	.	\$269.65	.	
93561	.	.	.	\$19.66	.	
93562	.	.	.	\$6.26	.	
93563	.	.	\$44.68	.	.	
93564	.	.	\$46.34	.	.	
93565	.	.	\$34.90	.	.	
93566	\$139.15	\$34.94	.	.	.	
93567	\$113.30	\$39.58	.	.	.	
93568	\$124.30	\$35.77	.	.	.	
93571	.	.	.	\$72.59	.	
93572	.	.	.	\$58.17	.	
93580	.	.	\$742.10	.	.	

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93581	.	.	\$1,007.71	.	.	
93582	.	.	\$506.23	.	.	
93583	.	.	\$572.45	.	.	
93590	-	-	\$938.03	-	-	
93591	-	-	\$778.65	-	-	
93592	-	-	\$342.71	-	-	
93600	.	.	.	\$90.08	.	
93602	.	.	.	\$88.14	.	
93603	.	.	.	\$88.14	.	
93609	.	.	.	\$210.88	.	
93610	.	.	.	\$125.18	.	
93612	.	.	.	\$124.13	.	
93613	.	.	\$301.86	.	.	
93615	.	.	.	\$41.02	.	
93616	.	.	.	\$49.40	.	
93618	.	.	.	\$180.14	.	
93619	.	.	.	\$307.32	.	
93620	.	.	.	\$487.73	.	
93621	.	.	.	\$88.95	.	
93622	.	.	.	\$129.90	.	
93623	.	.	.	\$120.85	.	
93624	.	.	.	\$199.33	.	
93631	.	.	.	\$300.83	.	
93640	.	.	.	\$146.01	.	
93641	.	.	.	\$248.59	.	
93642	.	.	\$333.05	\$206.26	\$126.78	
93644	.	.	\$223.20	\$135.53	\$87.67	
93650	.	.	\$458.84	.	.	
93653	.	.	\$644.08	.	.	
93654	.	.	\$857.86	.	.	
93655	.	.	\$322.04	.	.	
93656	.	.	\$858.40	.	.	
93657	.	.	\$321.91	.	.	
93660	.	.	\$125.96	\$73.23	\$52.73	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
93662	.	.	.	\$111.34	.	
93668	.	.	\$15.86	.	.	
93701	.	.	\$20.00	.	.	
93702	.	.	\$90.17	.	.	
93724	.	.	\$211.64	\$188.38	\$23.26	
93740	.	.	\$6.26	.	.	
93745	.	.	I.C.	.	.	
93750	\$43.07	\$35.38	.	.	.	
93770	.	.	\$6.26	.	.	
93784	.	.	\$43.62	.	.	
93786	.	.	\$24.74	.	.	
93788	.	.	\$4.31	.	.	
93790	.	.	\$14.58	.	.	
93792	-	-	\$45.61	-	-	
93793	-	-	\$9.67	-	-	
93797	\$13.02	\$6.80	.	.	.	
93798	\$20.03	\$10.85	.	.	.	
93799	.	.	I.C.	.	.	
93880	.	.	\$157.21	\$30.75	\$126.45	
93882	.	.	\$106.60	\$19.10	\$87.51	
93886	.	.	\$162.98	\$36.69	\$126.29	
93888	.	.	\$122.39	\$19.79	\$102.60	
93890	.	.	\$166.73	\$40.14	\$126.59	
93892	.	.	\$123.04	\$47.08	\$75.96	
93893	.	.	\$122.25	\$46.30	\$75.96	
93895	.	.	I.C.	.	.	
93922	.	.	\$73.73	\$9.61	\$64.12	
93923	.	.	\$114.56	\$17.12	\$97.44	
93924	.	.	\$144.04	\$19.07	\$124.97	
93925	.	.	\$156.59	\$30.29	\$126.29	
93926	.	.	\$126.87	\$18.47	\$108.39	
93930	.	.	\$157.08	\$30.62	\$126.45	
93931	.	.	\$106.87	\$19.07	\$87.80	
93970	.	.	\$153.16	\$26.71	\$126.45	

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93971	.	.	\$99.73	\$17.25	\$82.47	
93975	.	.	\$170.82	\$44.53	\$126.29	
93976	.	.	\$134.51	\$31.02	\$103.49	
93978	.	.	\$156.95	\$30.49	\$126.45	
93979	.	.	\$99.04	\$18.93	\$80.10	
93980	.	.	\$97.23	\$47.62	\$49.61	
93981	.	.	\$59.65	\$16.85	\$42.80	
93990	.	.	\$94.33	\$18.67	\$75.66	
93998	.	.	I.C.	.	.	
94002	.	.	\$70.89	.	.	
94003	.	.	\$51.25	.	.	
94004	.	.	\$37.64	.	.	
94005	.	.	\$72.50	.	.	
94010	.	.	\$29.49	\$6.53	\$22.96	
94011	.	.	\$79.26	.	.	
94012	.	.	\$121.61	.	.	
94013	.	.	\$25.85	.	.	
94014	.	.	\$45.33	.	.	
94015	.	.	\$25.63	.	.	
94016	.	.	\$19.71	.	.	
94060	.	.	\$49.96	\$10.12	\$39.84	
94070	.	.	\$47.95	\$22.33	\$25.63	
94150	.	.	\$20.58	\$2.94	\$17.63	
94200	.	.	\$20.47	\$4.32	\$16.15	
94250	.	.	\$21.36	\$4.02	\$17.34	
94375	.	.	\$31.80	\$11.50	\$20.30	
94400	.	.	\$45.35	\$15.28	\$30.07	
94450	.	.	\$55.71	\$15.58	\$40.13	
94452	.	.	\$47.19	\$11.20	\$35.99	
94453	.	.	\$65.48	\$14.69	\$50.79	
94610	.	.	\$46.11	.	.	
94617	-	-	\$78.67	\$26.50	\$52.17	
94618	-	-	\$27.66	\$18.13	\$9.53	
94621	.	.	\$132.05	\$53.56	\$78.49	

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94640	.	.	\$15.26	.	.	
94642	.	.	I.C.	.	.	
94644	.	.	\$36.58	.	.	
94645	.	.	\$11.71	.	.	
94660	\$50.24	\$29.21	.	.	.	
94662	.	.	\$28.49	.	.	
94664	.	.	\$14.38	.	.	
94667	.	.	\$21.64	.	.	
94668	.	.	\$24.01	.	.	
94669	.	.	\$27.27	.	.	
94680	.	.	\$47.03	\$9.85	\$37.17	
94681	.	.	\$43.33	\$7.64	\$35.69	
94690	.	.	\$41.30	\$2.94	\$38.36	
94726	.	.	\$43.18	\$9.56	\$33.62	
94727	.	.	\$34.29	\$9.56	\$24.74	
94728	.	.	\$32.81	\$9.85	\$22.96	
94729	.	.	\$44.84	\$7.07	\$37.77	
94750	.	.	\$66.64	\$8.75	\$57.90	
94760	.	.	\$2.53	.	.	
94761	.	.	\$4.01	.	.	
94762	.	.	\$20.30	.	.	
94770	.	.	\$5.70	.	.	
94772	.	.	I.C.	.	.	
94774	.	.	I.C.	.	.	
94775	.	.	I.C.	.	.	
94776	.	.	I.C.	.	.	
94777	.	.	I.C.	.	.	
94780	\$45.30	\$17.47	.	.	.	
94781	\$18.67	\$6.53	.	.	.	
94799	.	.	I.C.	.	.	
95004	.	.	\$5.47	.	.	
95012	.	.	\$15.86	.	.	
95017	\$6.20	\$2.65	.	.	.	
95018	\$16.68	\$5.43	.	.	.	

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95024	\$6.36	\$0.73	.	.	.	
95027	.	.	\$3.69	.	.	
95028	.	.	\$11.12	.	.	
95044	.	.	\$4.60	.	.	
95052	.	.	\$5.49	.	.	
95056	.	.	\$36.74	.	.	
95060	.	.	\$29.18	.	.	
95065	.	.	\$21.19	.	.	
95070	.	.	\$25.20	.	.	
95071	.	.	\$29.05	.	.	
95076	\$92.73	\$56.90	.	.	.	
95079	\$65.05	\$52.02	.	.	.	
95115	.	.	\$7.27	.	.	
95117	.	.	\$8.45	.	.	
95120	.	.	I.C.	.	.	
95125	.	.	I.C.	.	.	
95130	.	.	I.C.	.	.	
95131	.	.	I.C.	.	.	
95132	.	.	I.C.	.	.	
95133	.	.	I.C.	.	.	
95134	\$10.07	\$2.38	.	.	.	
95144	\$17.77	\$2.38	.	.	.	
95145	\$32.28	\$2.38	.	.	.	
95146	\$29.02	\$2.38	.	.	.	
95147	\$43.23	\$2.38	.	.	.	
95148	\$58.33	\$2.38	.	.	.	
95149	\$10.37	\$2.38	.	.	.	
95165	\$7.71	\$2.38	.	.	.	
95170	\$10.07	\$2.38	.	.	.	
95180	\$105.65	\$78.71	.	.	.	
95199	.	.	I.C.	.	.	
95249	-	-	\$46.49	-	-	
95250	.	.	\$131.52	.	.	
95251	.	.	\$33.55	.	.	

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95782	.	.	\$849.23	\$98.27	\$750.96	
95783	.	.	\$890.34	\$109.02	\$781.32	
95800	.	.	\$145.84	\$40.27	\$105.57	
95801	.	.	\$72.41	\$38.20	\$34.21	
95803	.	.	\$115.44	\$33.85	\$81.58	
95805	.	.	\$353.26	\$45.97	\$307.29	
95806	.	.	\$136.90	\$47.32	\$89.58	
95807	.	.	\$395.55	\$48.30	\$347.26	
95808	.	.	\$521.57	\$68.45	\$453.12	
95810	.	.	\$512.86	\$94.51	\$418.34	
95811	.	.	\$538.98	\$98.27	\$440.71	
95812	.	.	\$287.94	\$44.97	\$242.97	
95813	.	.	\$347.74	\$71.90	\$275.84	
95816	.	.	\$299.19	\$44.97	\$254.23	
95819	.	.	\$342.58	\$44.97	\$297.62	
95822	.	.	\$308.37	\$44.97	\$263.40	
95824	.	.	.	\$30.71	.	
95827	.	.	\$579.11	\$44.67	\$534.44	
95829	.	.	\$1,552.86	\$261.00	\$1,291.86	
95830	\$199.52	\$71.32	.	.	.	
95831	\$24.34	\$11.61	.	.	.	
95832	\$23.29	\$12.04	.	.	.	
95833	\$29.61	\$16.58	.	.	.	
95834	\$40.85	\$24.27	.	.	.	
95851	\$14.85	\$5.97	.	.	.	
95852	\$13.20	\$4.62	.	.	.	
95857	\$43.40	\$22.97	.	.	.	
95860	.	.	\$99.00	\$40.51	\$58.49	
95861	.	.	\$138.28	\$64.69	\$73.59	
95863	.	.	\$172.07	\$78.05	\$94.02	
95864	.	.	\$194.19	\$84.19	\$110.01	
95865	.	.	\$115.14	\$65.83	\$49.31	
95866	.	.	\$107.88	\$52.65	\$55.23	
95867	.	.	\$76.34	\$32.66	\$43.69	

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95868	.	.	\$106.91	\$49.31	\$57.60	
95869	.	.	\$76.51	\$15.65	\$60.86	
95870	.	.	\$76.51	\$15.36	\$61.15	
95872	.	.	\$154.61	\$119.81	\$34.80	
95873	.	.	\$60.49	\$15.79	\$44.71	
95874	.	.	\$60.06	\$15.65	\$44.41	
95875	.	.	\$100.61	\$45.97	\$54.64	
95885	.	.	\$47.98	\$14.82	\$33.16	
95886	.	.	\$73.63	\$36.33	\$37.31	
95887	.	.	\$65.43	\$29.61	\$35.82	
95905	.	.	\$58.23	\$2.11	\$56.12	
95907	.	.	\$76.56	\$41.75	\$34.80	
95908	.	.	\$95.02	\$52.22	\$42.80	
95909	.	.	\$115.85	\$62.69	\$53.16	
95910	.	.	\$154.43	\$83.80	\$70.63	
95911	.	.	\$186.33	\$104.74	\$81.58	
95912	.	.	\$207.73	\$124.07	\$83.66	
95913	.	.	\$237.26	\$146.80	\$90.47	
95921	.	.	\$69.25	\$35.33	\$33.92	
95922	.	.	\$81.23	\$37.84	\$43.39	
95923	.	.	\$134.12	\$35.96	\$98.16	
95924	.	.	\$118.58	\$69.27	\$49.31	
95925	.	.	\$128.21	\$21.89	\$106.32	
95926	.	.	\$113.11	\$21.30	\$91.81	
95927	.	.	\$116.83	\$21.30	\$95.53	
95928	.	.	\$182.93	\$62.56	\$120.37	
95929	.	.	\$184.15	\$62.89	\$121.26	
95930	.	.	\$107.06	\$14.65	\$92.41	
95933	.	.	\$60.71	\$24.43	\$36.28	
95937	.	.	\$65.88	\$26.93	\$38.95	
95938	.	.	\$282.72	\$35.90	\$246.82	
95939	.	.	\$411.30	\$93.55	\$317.75	
95940	.	.	\$25.32	.	.	
95941	.	.	I.C.	.	.	

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95943	.	.	I.C.	.	.	
95950	.	.	\$271.76	\$62.54	\$209.22	
95951	.	.	.	\$249.55	.	
95953	.	.	\$342.76	\$127.91	\$214.85	
95954	.	.	\$368.77	\$97.04	\$271.73	
95955	.	.	\$177.65	\$42.19	\$135.47	
95956	.	.	\$1,360.75	\$149.37	\$1,211.38	
95957	.	.	\$256.95	\$81.94	\$175.01	
95958	.	.	\$463.90	\$175.72	\$288.17	
95961	.	.	\$234.97	\$125.26	\$109.71	
95962	.	.	\$208.20	\$134.91	\$73.29	
95965	.	.	.	\$327.86	.	
95966	.	.	.	\$166.18	.	
95967	.	.	.	\$144.78	.	
95970	\$55.15	\$18.44	.	.	.	
95971	\$39.10	\$31.40	.	.	.	
95972	\$45.72	\$32.10	.	.	.	
95974	\$162.78	\$126.37	.	.	.	
95975	\$87.47	\$71.78	.	.	.	
95978	\$195.50	\$148.72	.	.	.	
95979	\$84.66	\$69.27	.	.	.	
95980	.	.	\$34.76	.	.	
95981	\$25.34	\$13.79	.	.	.	
95982	\$41.24	\$27.92	.	.	.	
95990	.	.	\$76.29	.	.	
95991	\$98.77	\$30.67	.	.	.	
95992	\$33.65	\$28.91	.	.	.	
95999	.	.	I.C.	.	.	
96000	.	.	\$73.69	.	.	
96001	.	.	\$81.53	.	.	
96002	.	.	\$16.90	.	.	
96003	.	.	\$13.42	.	.	
96004	.	.	\$90.64	.	.	
96020	.	.	.	\$126.67	.	

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96040	.	.	\$38.68	.	.	
96101	\$60.87	\$60.58	.	.	.	
96102	\$51.31	\$17.85	.	.	.	
96103	\$21.24	\$20.65	.	.	.	
96105	.	.	\$84.12	.	.	
96110	.	.	\$10.27	.	.	
96111	\$99.61	\$94.28	.	.	.	
96116	\$71.43	\$66.69	.	.	.	
96118	\$75.97	\$59.99	.	.	.	
96119	\$65.22	\$18.15	.	.	.	
96120	\$38.42	\$20.06	.	.	.	
96125	.	.	\$92.67	.	.	
96127	.	.	\$10.27	.	.	
96150	\$16.50	\$16.20	.	.	.	
96151	\$15.66	\$15.37	.	.	.	
96152	\$15.12	\$14.83	.	.	.	
96153	.	.	\$3.46	.	.	
96154	\$14.85	\$14.56	.	.	.	
96155	.	.	\$17.41	.	.	
96160	-	-	\$3.86	-	-	
96161	-	-	\$3.86	-	-	
96360	.	.	\$46.83	.	.	
96361	.	.	\$12.37	.	.	
96365	.	.	\$56.66	.	.	
96366	.	.	\$15.09	.	.	
96367	.	.	\$24.71	.	.	
96368	.	.	\$16.60	.	.	
96369	.	.	\$159.53	.	.	
96370	.	.	\$11.84	.	.	
96371	.	.	\$60.69	.	.	
96372	.	.	\$20.45	.	.	
96373	.	.	\$15.71	.	.	
96374	.	.	\$46.38	.	.	
96375	.	.	\$18.26	.	.	

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96376	.	.	I.C.	.	.	
96377	-	-	I.C.	-	.	
96379	.	.	I.C.	.	.	
96401	.	.	\$60.97	.	.	
96402	.	.	\$26.19	.	.	
96405	\$66.65	\$23.42	.	.	.	
96406	\$94.67	\$36.35	.	.	.	
96409	.	.	\$90.83	.	.	
96411	.	.	\$50.77	.	.	
96413	.	.	\$111.02	.	.	
96415	.	.	\$22.93	.	.	
96416	.	.	\$115.64	.	.	
96417	.	.	\$51.04	.	.	
96420	.	.	\$86.57	.	.	
96422	.	.	\$139.76	.	.	
96423	.	.	\$64.33	.	.	
96425	.	.	\$149.27	.	.	
96440	\$693.48	\$105.19	.	.	.	
96446	\$163.05	\$19.75	.	.	.	
96450	\$146.63	\$62.55	.	.	.	
96521	.	.	\$113.70	.	.	
96522	.	.	\$92.85	.	.	
96523	.	.	\$20.49	.	.	
96542	\$98.52	\$32.79	.	.	.	
96549	.	.	I.C.	.	.	
96567	.	.	\$112.54	.	.	
96570	.	.	\$43.36	.	.	
96571	.	.	\$20.71	.	.	
96573	-	-	\$158.92	-	-	
96574	-	-	\$203.77	-	-	
96900	.	.	\$17.04	.	.	
96902	\$16.73	\$16.14	.	.	.	
96904	.	.	\$52.14	.	.	
96910	.	.	\$59.38	.	.	

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96912	.	.	\$75.96	.	.	
96913	.	.	\$108.85	.	.	
96920	\$126.20	\$52.48	.	.	.	
96921	\$138.84	\$59.50	.	.	.	
96922	\$191.48	\$95.84	.	.	.	
96931	.	.	I.C.	.	.	
96932	.	.	I.C.	.	.	
96933	.	.	I.C.	.	.	
96934	.	.	I.C.	.	.	
96935	.	.	I.C.	.	.	
96936	.	.	I.C.	.	.	
96999	.	.	I.C.	.	.	
97010	.	.	\$4.75	.	.	
97012	.	.	\$12.54	.	.	
97014	.	.	\$12.72	.	.	
97016	.	.	\$15.39	.	.	
97018	.	.	\$8.89	.	.	
97022	.	.	\$18.97	.	.	
97024	.	.	\$5.04	.	.	
97026	.	.	\$4.75	.	.	
97028	.	.	\$5.88	.	.	
97032	.	.	\$15.21	.	.	
97033	.	.	\$21.10	.	.	
97034	.	.	\$14.42	.	.	
97035	.	.	\$9.98	.	.	
97036	.	.	\$26.68	.	.	
97039	.	.	I.C.	.	.	
97110	.	.	\$25.51	.	.	
97112	.	.	\$26.70	.	.	
97113	.	.	\$34.55	.	.	
97116	.	.	\$22.52	.	.	
97124	.	.	\$20.87	.	.	
97127	-	-	I.C.	-	-	
97139	.	.	I.C.	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
97140	.	.	\$23.62	.	.	
97150	.	.	\$13.62	.	.	
97161	-	-	\$63.94	-	-	
97162	-	-	\$63.94	-	-	
97163	-	-	\$63.94	-	-	
97164	-	-	\$43.62	-	-	
97165	-	-	\$61.87	-	-	
97166	-	-	\$61.87	-	-	
97167	-	-	\$61.87	-	-	
97168	-	-	\$41.02	-	-	
97169	-	-	I.C.	-	-	
97170	-	-	I.C.	-	-	
97171	-	-	I.C.	-	-	
97172	-	-	I.C.	-	-	
97530	.	.	\$27.74	.	.	
97533	.	.	\$23.01	.	.	
97535	.	.	\$27.88	.	.	
97537	.	.	\$23.74	.	.	
97542	.	.	\$24.33	.	.	
97545	.	.	I.C.	.	.	
97546	.	.	I.C.	.	.	
97597	\$61.18	\$17.96	.	.	.	
97598	\$19.68	\$8.42	.	.	.	
97602	.	.	I.C.	.	.	
97605	\$32.66	\$19.33	.	.	.	
97606	\$38.74	\$20.98	.	.	.	
97607	.	.	I.C.	.	.	
97608	.	.	I.C.	.	.	
97610	\$98.74	\$12.28	.	.	.	
97750	.	.	\$26.10	.	.	
97755	.	.	\$28.03	.	.	
97760	.	.	\$30.25	.	.	
97761	.	.	\$26.10	.	.	
97763	-	-	\$39.61	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
97799	.	.	I.C.	.	.	
97802	\$27.38	\$25.60	.	.	.	
97803	\$23.74	\$21.66	.	.	.	
97804	\$12.54	\$11.95	.	.	.	
97810	\$28.41	\$23.68	.	.	.	
97811	\$21.11	\$19.63	.	.	.	
97813	\$30.36	\$25.62	.	.	.	
97814	\$23.94	\$21.57	.	.	.	
98925	\$24.76	\$18.25	.	.	.	
98926	\$35.83	\$27.83	.	.	.	
98927	\$46.30	\$36.53	.	.	.	
98928	\$56.77	\$46.11	.	.	.	
98929	\$67.83	\$55.40	.	.	.	
98940	\$22.23	\$17.49	.	.	.	
98941	\$31.94	\$26.91	.	.	.	
98942	\$41.53	\$36.20	.	.	.	
98943	\$21.21	\$18.25	.	.	.	
98960	.	.	\$23.13	.	.	
98961	.	.	\$11.12	.	.	
98962	.	.	\$8.16	.	.	
98966	\$10.77	\$9.88	.	.	.	
98967	\$20.81	\$19.63	.	.	.	
98968	\$30.39	\$29.50	.	.	.	
98969	.	.	I.C.	.	.	
99000	.	.	I.C.	.	.	
99001	.	.	I.C.	.	.	
99002	.	.	I.C.	.	.	
99024	.	.	I.C.	.	.	
99026	.	.	I.C.	.	.	
99027	.	.	I.C.	.	.	
99050	.	.	I.C.	.	.	
99051	.	.	I.C.	.	.	
99053	.	.	I.C.	.	.	
99056	.	.	I.C.	.	.	

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101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
99058	.	.	I.C.	.	.	
99060	.	.	I.C.	.	.	
99070	.	.	I.C.	.	.	
99071	.	.	I.C.	.	.	
99075	.	.	I.C.	.	.	
99078	.	.	I.C.	.	.	
99080	.	.	I.C.	.	.	
99082	.	.	I.C.	.	.	
99090	.	.	I.C.	.	.	
99091	.	.	\$43.30	.	.	
99100	.	.	I.C.	.	.	
99116	.	.	I.C.	.	.	
99135	.	.	I.C.	.	.	
99140	.	.	I.C.	.	.	
99151	\$63.14	\$18.25	\$0.00	-	-	
99152	\$42.31	\$9.61	\$0.00	-	-	
99153	-	-	\$9.14	-	-	
99155	-	-	\$72.02	-	-	
99156	-	-	\$58.54	-	-	
99157	-	-	\$44.42	-	-	
99170	\$139.09	\$68.92	.	.	.	
99172	.	.	I.C.	.	.	
99174	.	.	I.C.	.	.	
99175	.	.	\$14.08	.	.	
99177	.	.	I.C.	.	.	
99183	.	.	\$83.90	.	.	
99184	.	.	\$176.93	.	.	
99188	.	.	I.C.	.	.	
99190	.	.	I.C.	.	.	
99191	.	.	I.C.	.	.	
99192	.	.	I.C.	.	.	
99195	.	.	\$82.70	.	.	
99199	.	.	I.C.	.	.	
99201	\$34.51	\$20.30	.	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
99202	\$58.71	\$38.58	.	.	.	
99203	\$84.35	\$58.59	.	.	.	
99204	\$128.18	\$99.46	.	.	.	
99205	\$160.27	\$129.18	.	.	.	
99211	\$15.98	\$7.10	.	.	.	
99212	\$34.35	\$19.25	.	.	.	
99213	\$57.26	\$39.20	.	.	.	
99214	\$84.21	\$60.23	.	.	.	
99215	\$113.05	\$85.22	.	.	.	
99217	.	.	\$56.19	.	.	
99218	.	.	\$76.24	.	.	
99219	.	.	\$103.99	.	.	
99220	.	.	\$142.16	.	.	
99221	.	.	\$77.19	.	.	
99222	.	.	\$104.75	.	.	
99223	.	.	\$155.23	.	.	
99224	.	.	\$30.40	.	.	
99225	.	.	\$55.90	.	.	
99226	.	.	\$80.74	.	.	
99231	.	.	\$30.10	.	.	
99232	.	.	\$55.31	.	.	
99233	.	.	\$79.72	.	.	
99234	.	.	\$102.35	.	.	
99235	.	.	\$129.50	.	.	
99236	.	.	\$166.78	.	.	
99238	.	.	\$56.03	.	.	
99239	.	.	\$82.91	.	.	
99241	\$37.49	\$25.05	.	.	.	
99242	\$70.08	\$52.61	.	.	.	
99243	\$95.82	\$73.62	.	.	.	
99244	\$142.57	\$118.29	.	.	.	
99245	\$173.56	\$146.32	.	.	.	
99251	.	.	\$37.47	.	.	
99252	.	.	\$57.40	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
99253	.	.	\$88.33	.	.	
99254	.	.	\$128.42	.	.	
99255	.	.	\$154.64	.	.	
99281	.	.	\$16.07	.	.	
99282	.	.	\$31.30	.	.	
99283	.	.	\$46.76	.	.	
99284	.	.	\$88.63	.	.	
99285	.	.	\$130.61	.	.	
99288	.	.	I.C.	.	.	
99291	\$212.65	\$170.01	.	.	.	
99292	\$94.10	\$85.22	.	.	.	
99304	.	.	\$70.68	.	.	
99305	.	.	\$100.59	.	.	
99306	.	.	\$128.12	.	.	
99307	.	.	\$34.68	.	.	
99308	.	.	\$53.67	.	.	
99309	.	.	\$70.75	.	.	
99310	.	.	\$104.90	.	.	
99315	.	.	\$56.62	.	.	
99316	.	.	\$81.59	.	.	
99318	.	.	\$74.06	.	.	
99324	.	.	\$42.65	.	.	
99325	.	.	\$61.95	.	.	
99326	.	.	\$107.00	.	.	
99327	.	.	\$142.98	.	.	
99328	.	.	\$166.87	.	.	
99334	.	.	\$46.64	.	.	
99335	.	.	\$73.44	.	.	
99336	.	.	\$103.72	.	.	
99337	.	.	\$148.32	.	.	
99339	.	.	\$60.38	.	.	
99340	.	.	\$84.48	.	.	
99341	.	.	\$42.35	.	.	
99342	.	.	\$60.77	.	.	

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101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
99343	.	.	\$99.56	.	.	
99344	.	.	\$140.09	.	.	
99345	.	.	\$169.73	.	.	
99347	.	.	\$42.67	.	.	
99348	.	.	\$64.67	.	.	
99349	.	.	\$98.73	.	.	
99350	.	.	\$136.80	.	.	
99354	\$77.19	\$71.27	.	.	.	
99355	\$74.95	\$69.03	.	.	.	
99356	.	.	\$70.80	.	.	
99357	.	.	\$70.21	.	.	
99358	.	.	\$83.57	.	.	
99359	.	.	\$40.44	.	.	
99360	.	.	\$47.19	.	.	
99366	\$33.04	\$32.15	.	.	.	
99367	.	.	\$43.30	.	.	
99368	.	.	\$28.40	.	.	
99374	\$54.55	\$43.30	.	.	.	
99375	\$81.54	\$67.92	.	.	.	
99377	\$54.55	\$43.30	.	.	.	
99378	\$81.54	\$67.92	.	.	.	
99379	\$54.55	\$43.30	.	.	.	
99380	\$81.54	\$67.92	.	.	.	
99381	\$86.71	\$58.88	.	.	.	
99382	\$90.59	\$62.76	.	.	.	
99383	\$94.35	\$66.81	.	.	.	
99384	\$106.33	\$78.50	.	.	.	
99385	\$102.82	\$75.29	.	.	.	
99386	\$119.13	\$91.59	.	.	.	
99387	\$129.22	\$98.42	.	.	.	
99391	\$78.00	\$53.72	.	.	.	
99392	\$83.15	\$58.88	.	.	.	
99393	\$82.86	\$58.88	.	.	.	
99394	\$90.79	\$66.81	.	.	.	

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101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
99395	\$92.74	\$68.76	.	.	.	
99396	\$98.73	\$74.75	.	.	.	
99397	\$106.33	\$78.50	.	.	.	
99401	\$28.56	\$18.79	.	.	.	
99402	\$48.19	\$38.41	.	.	.	
99403	\$66.97	\$57.50	.	.	.	
99404	\$86.33	\$76.86	.	.	.	
99406	\$10.96	\$9.48	.	.	.	
99407	\$27.10	\$25.62	.	.	.	
99408	\$27.10	\$25.62	.	.	.	
99409	\$52.72	\$51.24	.	.	.	
99411	\$13.10	\$5.99	.	.	.	
99412	\$16.98	\$9.88	.	.	.	
99415	.	.	\$7.27	.	.	
99416	.	.	\$4.01	.	.	
99429	.	.	I.C.	.	.	
99441	\$10.77	\$9.88	.	.	.	
99442	\$20.81	\$19.63	.	.	.	
99443	\$30.39	\$29.50	.	.	.	
99444	.	.	I.C.	.	.	
99446	.	.	I.C.	.	.	
99447	.	.	I.C.	.	.	
99448	.	.	I.C.	.	.	
99449	.	.	I.C.	.	.	
99450	.	.	I.C.	.	.	
99455	.	.	I.C.	.	.	
99456	.	.	I.C.	.	.	
99460	.	.	\$100.99	.	.	
99461	\$72.07	\$48.38	.	.	.	
99462	.	.	\$43.82	.	.	
99463	.	.	\$125.76	.	.	
99464	.	.	\$54.47	.	.	
99465	.	.	\$160.43	.	.	
99466	.	.	\$175.55	.	.	

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101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
99467	.	.	\$89.47	.	.	
99468	.	.	\$725.63	.	.	
99469	.	.	\$305.35	.	.	
99471	.	.	\$669.32	.	.	
99472	.	.	\$313.50	.	.	
99475	.	.	\$441.20	.	.	
99476	.	.	\$265.37	.	.	
99477	.	.	\$275.19	.	.	
99478	.	.	\$104.78	.	.	
99479	.	.	\$95.63	.	.	
99480	.	.	\$91.58	.	.	
99483	\$191.33	\$139.12	-	-	-	
99484	\$38.64	\$25.52	-	-	-	
99485	.	.	\$58.88	.	.	
99486	.	.	\$51.24	.	.	
99487	.	.	I.C.	.	.	
99489	.	.	I.C.	.	.	
99490	\$31.64	\$23.95	.	.	.	
99492	\$129.11	\$70.34	-	-	-	
99493	\$102.71	\$63.63	-	-	-	
99494	\$53.01	\$33.91	-	-	-	
99495	\$129.60	\$84.90	.	.	.	
99496	\$182.33	\$122.82	.	.	.	
99497	\$65.85	\$60.52	.	.	.	
99498	\$56.93	\$56.64	.	.	.	
99499	.	.	I.C.	.	.	
99500	.	.	I.C.	.	.	
99501	.	.	I.C.	.	.	
99502	.	.	I.C.	.	.	
99503	.	.	I.C.	.	.	
99504	.	.	I.C.	.	.	
99505	.	.	I.C.	.	.	
99506	.	.	I.C.	.	.	
99507	.	.	I.C.	.	.	

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99509	.	.	I.C.	.	.	
99510	.	.	I.C.	.	.	
99511	.	.	I.C.	.	.	
99512	.	.	I.C.	.	.	
99600	.	.	I.C.	.	.	
99601	.	.	I.C.	.	.	
99602	.	.	I.C.	.	.	
99605	.	.	I.C.	.	.	
99606	.	.	I.C.	.	.	
99607	.	.	I.C.	.	.	
G0108	.	.	\$41.12	.	.	
G0109	.	.	\$11.06	.	.	
G0270	\$23.74	\$21.66	.	.	.	
G0271	\$12.54	\$11.95	.	.	.	
G0455			I.C.	.	.	
J0131	.	.	I.C.	.	.	
J0135	.	.	I.C.	.	.	
J0215	.	.	I.C.	.	.	
J0364	.	.	I.C.	.	.	
J0400	.	.	I.C.	.	.	
J0565	-	-	I.C.	-	-	
J0571	.	.	I.C.	.	.	
J0572	.	.	I.C.	.	.	
J0573	.	.	I.C.	.	.	
J0574	.	.	I.C.	.	.	
J0575	.	.	I.C.	.	.	
J0604	-	-	I.C.	-	-	
J0715	.	.	I.C.	.	.	
J0716	.	.	I.C.	.	.	
J0833	.	.	I.C.	.	.	
J0883	.	.	I.C.	.	.	
J0884	.	.	I.C.	.	.	
J0890	.	.	I.C.	.	.	
J1094	.	.	I.C.	.	.	

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Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
J1130	.	.	I.C.	.	.	
J1260	.	.	I.C.	.	.	
J1320	.	.	I.C.	.	.	
J1322	.	.	I.C.	.	.	
J1324	.	.	I.C.	.	.	
J1428	-	-	I.C.	-	-	
J1438	.	.	I.C.	.	.	
J1455	.	.	I.C.	.	.	
J1562	.	.	I.C.	.	.	
J1573	.	.	I.C.	.	.	
J1595	.	.	I.C.	.	.	
J1599	.	.	I.C.	.	.	
J1655	.	.	I.C.	.	.	
J1700	.	.	I.C.	.	.	
J1710	.	.	I.C.	.	.	
J1726	-	-	I.C.	-	-	
J1741	.	.	I.C.	.	.	
J1744	.	.	I.C.	.	.	
J1790	.	.	I.C.	.	.	
J1826	.	.	I.C.	.	.	
J1830	.	.	I.C.	.	.	
J1840	.	.	I.C.	.	.	
J1850	.	.	I.C.	.	.	
J1890	.	.	I.C.	.	.	
J1990	.	.	I.C.	.	.	
J2170	.	.	I.C.	.	.	
J2182	.	.	I.C.	.	.	
J2212	.	.	I.C.	.	.	
J2265	.	.	I.C.	.	.	
J2326	-	-	I.C.	-	-	
J2440	.	.	I.C.	.	.	
J2460	.	.	I.C.	.	.	
J2502	.	.	I.C.	.	.	
J2760	.	.	I.C.	.	.	

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101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
J2786	.	.	I.C.	.	.	
J2793	.	.	I.C.	.	.	
J2840	.	.	I.C.	.	.	
J2910	.	.	I.C.	.	.	
J2940	.	.	I.C.	.	.	
J2941	.	.	I.C.	.	.	
J3030	.	.	I.C.	.	.	
J3110	.	.	I.C.	.	.	
J3145	.	.	I.C.	.	.	
J3302	.	.	I.C.	.	.	
J3303	.	.	I.C.	.	.	
J3472	.	.	I.C.	.	.	
J3490	.	.	I.C.	.	.	
J3590	.	.	I.C.	.	.	
J7131	.	.	I.C.	.	.	
J7175	.	.	I.C.	.	.	
J7178	.	.	I.C.	.	.	
J7179	.	.	I.C.	.	.	
J7181	.	.	I.C.	.	.	
J7202	.	.	I.C.	.	.	
J7207	.	.	I.C.	.	.	
J7209	.	.	I.C.	.	.	
J7210	-	-	I.C.	-	-	
J7211	-	-	I.C.	-	-	
J7296	-	-	I.C.	-	-	
J7297	.	.	I.C.	.	.	
J7298	.	.	I.C.	.	.	
J7301	.	.	I.C.	.	.	
J7303	.	.	I.C.	.	.	
J7304	.	.	I.C.	.	.	
J7307	.	.	I.C.	.	.	
J7309	.	.	I.C.	.	.	
J7310	.	.	I.C.	.	.	
J7315	.	.	I.C.	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
J7322	.	.	I.C.	.	.	
J7328	.	.	I.C.	.	.	
J7340	.	.	I.C.	.	.	
J7342	.	.	I.C.	.	.	
J7345	-	-	I.C.	-	-	
J7599	.	.	I.C.	.	.	
J7633	.	.	I.C.	.	.	
J7665	.	.	I.C.	.	.	
J7669	.	.	I.C.	.	.	
J7676	.	.	I.C.	.	.	
J7699	.	.	I.C.	.	.	
J7799	.	.	I.C.	.	.	
J7999	.	.	I.C.	.	.	
J8562	.	.	I.C.	.	.	
J8670	.	.	I.C.	.	.	
J9015	.	.	I.C.	.	.	
J9020	.	.	I.C.	.	.	
J9022	-	-	I.C.	-	-	
J9023	-	-	I.C.	-	-	
J9160	.	.	I.C.	.	.	
J9212	.	.	I.C.	.	.	
J9213	.	.	I.C.	.	.	
J9215	.	.	I.C.	.	.	
J9216	.	.	I.C.	.	.	
J9219	.	.	I.C.	.	.	
J9262	.	.	I.C.	.	.	
J9340	.	.	I.C.	.	.	
J9999	.	.	I.C.	.	.	
Q2009	.	.	I.C.	.	.	
Q2017	.	.	I.C.	.	.	
Q2028	-	-	I.C.	-	-	
Q2036	.	.	I.C.	.	.	
Q2038	.	.	I.C.	.	.	
Q2049	.	.	I.C.	.	.	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
Q4103	.	.	I.C.	.	.	
Q4104	.	.	I.C.	.	.	
Q4108	.	.	I.C.	.	.	
Q4110	.	.	I.C.	.	.	
Q4161	.	.	I.C.	.	.	
Q4162	.	.	I.C.	.	.	
Q4163	.	.	I.C.	.	.	
Q4164	.	.	I.C.	.	.	
Q4165	.	.	I.C.	.	.	
Q9980	.	.	I.C.	.	.	
S0020	.	.	I.C.	.	.	
S0021	.	.	I.C.	.	.	
S0023	.	.	I.C.	.	.	
S0077	.	.	I.C.	.	.	
S0190	.	.	I.C.	.	.	
S0191	.	.	I.C.	.	.	
S0302	.	.	I.C.	.	.	
S3005-U1	.	.	\$10.27	.	.	
S3005-U2	.	.	\$10.27	.	.	
S3005-U3	.	.	\$10.27	.	.	
S3005-U4	.	.	\$10.27	.	.	
T1023	.	.	I.C.	.	.	

Tobacco Cessation Codes

~~Tobacco Cessation~~
Codes

Code	NFAC	FAC	Global	PC	TC	Description
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101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

99407	\$55.05	\$51.22	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)
99407 SA	\$55.05	\$51.22	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible provider is a certified nurse practitioner employed by an eligible billing entity)
99407 TD	\$46.79	\$43.54	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
99407 U1	\$46.79	\$43.54	—	—	—	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

99407-TF	\$82.58	\$76.83	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)
99407-U2	\$70.19	\$65.31	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are registered nurse, and tobacco cessation counselor employed by an eligible billing entity.)
99407-HQ	\$35.09	\$32.65	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

99407 U3	\$29.83	\$27.75	—	—	—	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are registered nurse and tobacco cessation counselor employed by an eligible billing entity.)
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Code	NFAC	FAC	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
99407	\$58.08	\$54.04	
99407 SA	\$58.08	\$54.04	
99407 TD	\$49.37	\$45.93	
99407 U1	\$49.37	\$45.93	
99407 TF	\$87.12	\$81.06	
99407 U2	\$74.05	\$68.90	
99407 HQ	\$37.03	\$34.45	
99407 U3	\$31.47	\$29.28	

Behavioral Health Screening Services

Code	Rate	Description
96110-U1	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Certified Nurse Midwife, Certified Nurse Practitioner, Physician Assistant, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified.)
96110-U2	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Certified Nurse Midwife, Certified Nurse Practitioner, Physician Assistant, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified.)
96110-U3	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Midwife employed by a CHC, completed behavioral health screening with no behavioral health need identified.)

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101 CMR 317.00: MEDICINE

Code	Rate	Description
96110-U4	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Midwife employed by a CHC, completed behavioral health screening and behavioral health need identified.)
96110-U5	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Practitioners employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)
96110-U6	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Practitioners employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)
96110-U7	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistants employed by a CHC, completed behavioral health screening with no behavioral health need identified.)
96110-U8	\$9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistants employed by a CHC, completed behavioral health screening and behavioral health need identified.)

Code	Rate	Description (see medicine services code spreadsheet at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17)
96110 U1	\$10.27	
96110 U2	\$10.27	
96110 U3	\$10.27	
96110 U4	\$10.27	
96110 U5	\$10.27	
96110 U6	\$10.27	
96110 U7	\$10.27	
96110 U8	\$10.27	

317.05: Severability

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

The provisions of 101 CMR 317.00 are severable, and if any such provision or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 317.00: M.G.L. c. 118E.